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(Requestor's Name)

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(City/State/Zip/Phone #)

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

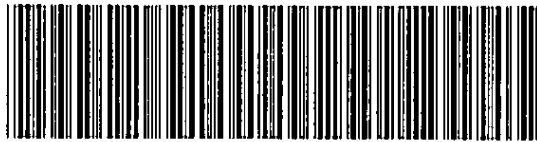
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[Support@flpatellaw.com](mailto:Support@flpatellaw.com)  
Tel: 727.279.5037  
Fax: 727.888.1294

360 Central Avenue  
Suite 800  
Saint Petersburg, Florida 33701

November 5, 2021

*Sent via First Class Mail*

**New Filing Section  
Division of Corporation  
The Centre of Tallahassee  
2415 North Monroe Street  
Suite 810  
Tallahassee, FL 32303**

**RE: Whole Growth Partners, LLC**

Dear Secretary of State,

Enclosed are the **(i)** Articles of Conversion for "Other Business Entity" into a Florida Limited Liability Company, **(ii)** the Articles of Organization for Whole Growth Partners, LLC, and **(iii)** check #1374 totaling **\$155** for the filing fees and Certificate of Status.

If there are any issues, please contact:

Name:	Ada Reyes
Firm:	FL Patel Law PLLC
Address:	360 Central Avenue, STE 800
City, State & Zip:	St. Petersburg, FL 33701
Phone:	727-279-5037
E-mail:	<a href="mailto:Support@flpatellaw.com">Support@flpatellaw.com</a>

Very Truly,

Ada Reyes  
Corporate Paralegal & Support

ARTICLES OF CONVERSION

FOR

“OTHER BUSINESS ENTITY”

INTO

FLORIDA LIMITED LIABILITY COMPANY

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The Articles of Conversion and attached Articles of Organization are submitted to convert the following “Other Business Entity” into a **Florida Limited Liability Company** in accordance with § 605.1045 Fla. Stat. (2021).


1. The name of the “Other Business Entity” immediately prior to the filing of this Articles of Conversion is: Whole Growth Partners, LLC.
2. The “Other Business Entity” is a Limited Liability Company first organized under the laws of the State of Wisconsin.
3. The “Other Business Entity” was formed on May 8, 2019.
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization is: Whole Growth Partners, LLC.
5. The plan of conversion has been approved in accordance with all applicable statutes.
6. This document becomes effective when the document is accepted and filed by Secretary of State.

Signed this October 25, 2021.

**Signature of the Authorized Representative of the Limited Liability Company:**

Signature:   
Laura Landergott, Manager

**Required Signatures on behalf of the Other Business Entity:**

Signature:   
Laura Landergott, Member

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FILED  
CLERK OF THE SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION**

**FOR**

**WHOLE GROWTH PARTNERS, LLC  
A FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I.**

**Name**

The name of the Limited Liability Company is: Whole Growth Partners, LLC (the "Company").

**ARTICLE II.**

**Address**

The principal office and mailing address of the Company is:

204 NW Bentley Circle  
Port St. Lucie, Florida 34986

**ARTICLE III.**

**Registered Agent, Registered Office, & Registered Agent's Signature**

The name and the Florida Street Address of the Registered Agent are:

FLP RA Services LLC  
360 Central Avenue  
Suite 800  
St. Petersburg, FL 33701

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.*

*Ada Reyes*

(sign)

FLP RA Services LLC

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FLP RA Services LLC

**ARTICLE IV.**  
**Authorized Members and Managers**

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	<u>Name and Address</u>
AMBR = Authorized Member MGR = Manager	
<u>MGR</u>	Laura Landergott 204 NW Bentley Circle Port St. Lucie, Florida 34986

**ARTICLE V.**

The Effective date shall be the date of filing.

  
\_\_\_\_\_ (sign)

**Signature of a member or an authorized representative of a member.**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
I am aware that any false information submitted in a document to the Department of State  
constitutes a third degree felony as provided for in s.817.155, F.S.

\_\_\_\_\_  
Laura Landergott  
Authorized Representative/Member