

L21000508700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900374411119

10/08/21--01011--022 **137.50

12/02/21--01929--011 **47.50

FILED

2021 DEC -2 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FL

M



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 12, 2021

SONIA SILVA
627 N MACEWEN DR
OSPREY, FL 34229

SUBJECT: TEAM GOFF HEALTH COACHING, LLC
Ref. Number: W21000135342

We have received your document for TEAM GOFF HEALTH COACHING, LLC and your check(s) totaling \$137.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only non-United States entities may become a domestic limited liability company as stated in section 605.1052, Florida Statutes. You may want to explore one of the conversion options. Please return to our website sunbiz.org to download the appropriate form.

Note the additional filing fee. You have a credit of \$137.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 121A00024748

RECEIVED
2021 DEC -2 AM 11:43

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Team Goff Health Coaching, LLC

(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Sonia Silva

(Contact Person)

Team Goff Health Coaching, LLC

(Firm/Company)

627 N MacEwen Dr

(Address)

Osprey, FL 34229

(City, State and Zip Code)

sonia@teamgoffhealthcoaching.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Sonia Silva

361

652-3529

at ()

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

☐ \$150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization)

☐ \$155.00 Filing Fees
and Certificate of
Status

☐ \$180.00 Filing Fees
and Certified Copy

☐ \$185.00 Filing Fees,
Certified Copy, and
Certificate of Status

Mailing Address:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

** We have credit
of \$137.50 so
enclosing check
for \$47.50 for
filing fee, Cert. copy
& cert of status*

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2021 DEC -2 AM 10: 52

SECRETARY OF STATE
TALLAHASSEE, FL

Articles of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

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 s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:

Team Goff Health Coaching, LLC

(Enter Name of Other Business Entity)

LLC

2. The "Other Business Entity" is a _____

(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

Tennessee

First organized, formed or incorporated under the laws of _____

(Enter state, or if a non-U.S. entity, the name of the country)

12/29/2018

on _____

(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

Team Goff Health Coaching, LLC

(Enter Name of Florida Limited Liability Company)

Date of Filing

4. If not effective on the date of filing, enter the effective date: _____

(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

5. The plan of conversion has been approved in accordance with all applicable statutes.

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 29th day of November 20

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative:

Printed Name: Lois L Goff

Title: President, Co-Owner

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature:

Printed Name: Lois L Goff

Title: President, Co-Owner

Signature:

Printed Name: Raymond P Goff, II

Title: President, Co-Owner

Signature:

Printed Name:

Title:

Signature:

Printed Name:

Title:

Signature:

Printed Name:

Title:

Signature:

Printed Name:

Title:

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized person.

Fees:

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Team Goff Health Coaching, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

627 N MacEwen Dr

Osprey, FL 34229

Mailing Address:

Same as Principal Office Address

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Sonia Silva

Name

627 N MacEwen Dr

Florida street address (P.O. Box **NOT** acceptable)

Osprey

34229

FL

City

Zip

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.,



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE
JULIA A. GEE, FL

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Lois L Goff

627 N MacEwen Dr

Osprey, FL 34229

MGR

Raymond P Goff, III

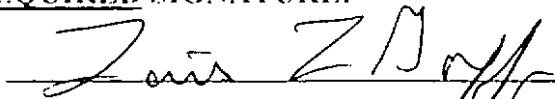
627 N MacEwen Dr

Osprey, FL 34229

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

REQUIRED SIGNATURE:



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.

Lois L Goff

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

2021 DEC -2 AM 10:52
DEPARTMENT OF STATE
TALLAHASSEE, FL

FILED



Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

SONIA SILVA
627 N MACEWEN DR
OSPNEY, FL 34229

October 6, 2021

Request Type: Certificate of Existence/Authorization
Request #: 0439231

Issuance Date: 10/06/2021
Copies Requested: 1

Document Receipt

Receipt #: 006660752 Filing Fee: \$20.00
Payment-Credit Card - State Payment Center - CC #: 3815432382 \$20.00

Regarding: Team Goff Health Coaching, LLC
Filing Type: Limited Liability Company - Domestic
Formation/Qualification Date: 12/29/2018
Status: Active
Duration Term: Perpetual
Business County: WILLIAMSON COUNTY

Control #: 1001816
Date Formed: 12/29/2018
Formation Locale: TENNESSEE
Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Team Goff Health Coaching, LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.


Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 049061227