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(Re	equestor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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W21-139675

D O'KEEFE DEC 0 - 2021



October 21, 2021

MCKALA GONZALEZ UNBOXD MARKETING LLC 9297 OAK GROVE ST SPRING HILL, FL 84806

SUBJECT: UNBOXD MARKETING LLC

Ref. Number: W21000139675

We have received your document for UNBOXD MARKETING LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the marked sections in the Articles of Conversion. A signature is missing.

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.

Letter Number: 021A00025701

DANIEL L O'KEEFE Regulatory Specialist II

2021 NOVIG 16 18 9:52

COVER LETTER

TO:	New Filing S Division of C				
SHRI	IECT: Unboxd	Marketing LLC			
SUBJ	EC1		sulting Florida Limi	ited Cor	npany)
					nd fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please	e return all corr	espondence concernin	g this matter to:		
McKal	la Gonzalez				
	 -	(Contact Person)		-	
Unbox	d Marketing LLC	>			
		(Firm/Company)			
9297 (Oak Grove St				
		(Address)		-	
Spring	Hill, FL 34606				
	((City, State and Zip Code)		_	
McKai	la@UnboxdMark	eting.com			
E-n	nail Address: (to b	e used for future annual re	port notifications)	_	
For fu	urther informati	on concerning this ma	tter, please call:		
Todd (Muffiey		at (317)614-5	5526
	(Name of Conta	ct Person)) (Day	rtime Telephone Number)
		or the following amou a bank located in the		orocess	sed by this office must be payable in US
(\$25 fo & \$125	0.00 Filing Fees or Conversion of for Articles anization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee, I	ection orporations 7		New I Divisi The C	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810

, Tallahassee, FL 32303

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: Unboxd Marketing LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a [Imited liability company (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.]
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
2/14/2019 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: Unboxd Marketing, LLC.
(Enter Name of Florida Limited Liability Company)
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 14 day of October	_ 20
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: <u>Jruw</u> Printed Name: McKala Gonzalez	Landemalez Title: AMBR
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: M.V. a. a. Composition of the Compositio	Title: PMACIPIC X
Signature:Printed Name:	Title:
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 If Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nat The name of the Li	ne: mited Liability Compan	y is:	
Unboxd Marketing, I	T.C.		
		iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ad The mailing addres		ne principal office of the Limite	ed Liability Company is:
Principal Office A	Address:	Mailing Address:	
9297 Oak Grove St		9297 Oak Grove St	
Spring Hill, FL 3460	6	Spring Hill, FL 34606	
			
(The Limited Liability Consumers entity with an		ered Office, & Registered Ag Registered Agent. You must designate an the registered agent are:	
	Ŋ	Name	
	9297 Oak Grove St		
		(P.O. Box NOT acceptable)	
	Spring Hill	FL 34606	
	City	Zip	
liability comp registered agent statutes relating	any at the place designat and agree to act in this co g to the proper and comp	and to accept service of process f led in this certificate, I hereby ac apacity. I further agree to comp lete performance of my duties, a as registered agent as provided for	ccept the appointment as ly with the provisions of al nd I am familiar with and
	Registered Agent's	Signature (REQUIRED)	
	(CON	TINUED)	2021

A	RT	ICI	F	IV.
А	K I	14.1	4 E.	1 V -

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Todd Muffley
	1055 Marshside Way
	Belville, NC 28451
AMBR	Steven Musngi
	9920 Jonas Salk Dr Apt 326
	Riverview, FL 33578
	·
	*
(Use attachment if necessary)	
(**************************************	· ~
CLE V: Other provisions, if any.	
	.
DECLURED SIGNATURE.	J G. O
REQUIRED SIGNATURE:	herava In Sternacer
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 tha ment to the Department of State constitutes a third degree felon
McKala Gonzalez	
Ту	ped or printed name of signee
	F744 F7

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)