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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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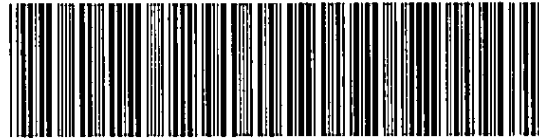
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 JAN -3 PM 2:50
TALLAHASSEE, FL

M

COVER LETTER

TO: New Filing Section
Division of Corporations
SUBJECT: IMPACT UNIVERSITY, 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:

Michelle J. Miller

(Contact Person)

The M. J. MILLER Law Firm, LLC

(Firm/Company)

200 East Randolph Street, Suite 5100

(Address)

Chicago, IL 60601

(City, State and Zip Code)

rodrigozablah7@gmail.com

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

For further information concerning this matter, please call:

Michelle J. Miller 312 985-5200

(Name of Contact Person)

at (_____) _____
(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

ARTICLES OF CONVERSION
For
"Other Business Entity"
Into
Florida Limited Liability Company

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SECRETARY OF STATE
TALLAHASSEE, FL

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: **IMPACT UNIVERSITY.**
2. The "Other Business Entity" is a **LIMITED LIABILITY COMPANY** First organized, formed or incorporated under the laws of **ILLINOIS** on **SEPTEMBER 8, 2020.**
3. The name of the Florida Limited Liability Company as set forth in the attached **Articles of Organization:** **IMPACT UNIVERSITY**
4. The effective date is the date of filing.
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 28th day of December 2021.

Signature of Authorized Representative of Limited Liability Company:

<u>Rodrigo Luna</u>	Rodrigo Luna	COO
Signature	Printed Name	Title

Signature(s) on behalf of Other Business Entity:

<u>John Eckhardt</u>	John Eckhardt	CEO
Signature	Printed Name	Title

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY

COMPANY ARTICLE I - Name:

The name of the Limited Liability Company is: **IMPACT UNIVERSITY,LLC**

ARTICLE II - Address:

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

Principal Office Address:

9881 NW 75th Terrace
Doral, FL 33178

Mailing Address:

9881 NW 75th Terrace
Doral, FL 33178

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STATE OF FLORIDA
TALLAHASSEE, FL

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

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

Rodrigo Luna
9881 NW 75th Terrace
Doral, FL 33178

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.

Rodrigo Luna

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

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

Title:

Name and Address:

AUTHORIZED MEMBER

Rodrigo Luna
9881 NW 75th Terrace
Doral, FL 33178

AUTHORIZED MEMBER

John Eckhardt
1255 S. Michigan Ave. #2509
Chicago, IL 60605

Michelle J. Miller

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.

Michelle J. Miller

Typed or printed name of signee

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TALLAHASSEE, FL