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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Littly Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instituctions to rining Officer.

Office Use Only



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W21-152193



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 29, 2021

LISA ELIA ERICKSON EXPERT MEDIA TRAINING 500 N. BREVARD, UNIT 320434 COCOA BEACH, FL 32932

SUBJECT: ELIA ERICKSON LLC Ref. Number: W21000152193

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iT

We have received your document for ELIA ERICKSON LLC and your check(s) totaling \$150.00. 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.

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.

DANIEL LO'KEEFE Regulatory Specialist II

Letter Number: 021A00028642

www.sunbiz.org

COVER LETTER

то:	New Filing S Division of C				
SHR	JECT: Elia Eric	kson LLC			
3011	012C1	(Name of Res	sulting Florida Limite	ed Con	ipany)
					d fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Pleas	se return all corr	espondence concernin	g this matter to:		
Lisa 1	Elia Erickson				
		(Contact Person)			
Ехре	rt Media Training				
		(Firm/Company)			
1 000	N Brevard, Unit 32	20434			
		(Address)			
Coco	a Beach, FL 329	32			
	(City, State and Zip Code)			
lisa@	eliaerickson.com)			
E-	mail Address; (to b	oe used for future annual re	port notifications)		
For f	urther informati	on concerning this ma	tter, please call:		
Lisa	Elia Erickson		at (310	386-3	3558
	(Name of Cont	act Person)	(Area Code)	(Day	time Telephone Number)
		for the following amou a bank located in the	•	rocess	sed by this office must be payable in US
(\$25 f & \$12	50.00 Filing Fees for Conversion 25 for Articles ganization)	□\$155.00 Filing Fees and Certificate of Status			☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add				Address:
	New Filing SDivision of C				Filing Section
	P.O. Box 632				ion of Corporations Centre of Tallahassee
	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 <u>and attached Articles of Organization</u> 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: Elia Erickson LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a limited liability company (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)
May 19, 2009 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: Elia Erickson 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 8th day of December	2021
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Disa Elis Endesse	Tille: President/Owner
Signature(s) on behalf of Other Business Entity:	• • • • • • • • • • • • • • • • • • • •
Signature: Lisa Elia Enikson, Printed Name: Lisa Elia Enikson	Title: President Owner
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 of Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization:	\$25.00 \$125.00

\$30.00 (Optional) \$5.00 (Optional)

Certified Copy: Certificate of Status: SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Cor	npany is:
Elia Erickson LLC	
	ited 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
The mailing address and street address Principal Office Address:	of the principal office of the Limited Liability Company is <u>Mailing Address:</u>
·	
Principal Office Address:	Mailing Address:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another

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

business entity with an active Florida registration.)

Lisa Elia Erickson			
N	ame	202 SE	
500 N Brevard, Unit 32043	4	2021 DEC SECRETA	7
Florida street address (I	P.O. Box <u>NOT</u> acceptable)	C21 TARY ASSE	
Cocoa Beach	FL 32932	3338 3770	
City	Zip	FSIA FLOG	0

Having been named as registered agent and to accept service of process for the appointment as 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)

ARTICLE IV-

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

"AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager AMBR	Lisa Elia Erickson	
	500 N Brevard, Unit 320434 Cocoa Beach, FL 32932	
MGR	Lisa Elia Erickson	
	500 N Brevard, Unit 320434	
	Cocoa Beach, FL 32932	
<u> </u>		
		
		
(Use attachment if necessary)		
		2021 DEC 2 SECRETAR ALLAHAS
LE V: Other provisions, if any.		
		SSE 2
_		- P
		STATE LORID
REQUIRED SIGNATURE:		용선 : 5
Jian Elia Encles	m	> -
Simmann S		
This document is executed in accordance	an authorized representative of a mem	ber
This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes, I.	ber am aware tha I degree felon

Lisa Eliz Erickson
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)