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(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Priorite #)
PICK-UP WAIT MAIL
(D.)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Received
Received march 24th
march 24th
Office Use Only S. CHATHAM
Office Use Only

MAR 2 8 2022



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03/22/22--01047--027 **185.00

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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 11, 2022 Guivensen L Hertulien GUIVENSON L HERTULIEN 488 NW 165TH STREET RD, APT 410 MIAMI, FL 33169

SUBJECT: GUARDIAN INVESTMENTS LLC

Ref. Number: W22000031846

I'll resubmit mu I didnot receive anythecks back

We have received your document for GUARDIAN INVESTMENTS LLC and check(s) totaling \$185.00? However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Check

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P04000126788. /

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

I tried calling this number and I was not a am to get anyone on the Phone Summer Chatham

Letter Number: 522A00005870 Regulatory Specialist II

New Filing Section

Enviestments is taken, the Trivestments Group will i

www.sunbiz.org

COVER LETTER

Division of Corporations	
SUBJECT: Guardian Investments to Guardian Investment (Name of Resulting Florida Limited Company)	s Group
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to consume Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.104	
Please return all correspondence concerning this matter to:	
Guivensen L Hertulien (Contact Person)	
(Contact Person) (Juardian In-vestments ill (Firm/Company)	
488 NW 165th Street Pcl Apt B410 (Address)	22 MAR 24 SEGRETARY KLI-AHASSE
Migmi, FL 33169 (City, State and Zip Code)	AH 2:54 RY OF STATE SEEL FLOORS
Auarchian Investments freedom agmail. com E-mail Address: (to be used for future annual report notifications)	2: 54 [ARK [point]
For further information concerning this matter, please call:	
Guivensen L Hertulien at (862), 452 CO78 (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 dollars and drawn on a bank located in the United States)	payable in US
\$\Bigcup \\$150.00 \text{ Filing Fees} \\ (\\$25 \text{ for Conversion} \\ \\$125 \text{ for Articles} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	

New Filing Section

TO:

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

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:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>Cimited Ciability Company</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of New Tersey, USA (Enter state, or if a non-U.S. entity, the name of the country)
on <u>Tanuary 29th 2020</u> . (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Guardian Irivestments Grap Lac (Enter Name of Florida Limited Liability Company)
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 0 26 2022. (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 17th day of March	20 22	
Signature of Authorized Representative of Limi		
Signature of Authorized Representative:	inen L Hohin Title: <u>Divner</u>	
Signature(s) on behalf of Other Business Entity:		
Signature: Hanne L Hertulien Printed Name Guivensen L Hertulien		_
Printed Name / Guivensen L Hectulien	Title:	_
Signature:Printed Name:		_
Printed Name:	Title:	-
Signature:Printed Name:		_
Printed Name:	Title:	_
Signature:Printed Name:		
Printed Name:	Title:	<u>-</u>
Signature:Printed Name:		_
Printed Name:	Title:	_
Signature:		
Printed Name:	_ Title:	_
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Control of Chairman, Vice Chairman, Director, or Control of Chairman, Director, or Chairman, Director,	Officer	
If 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.	y Limited Partnership:	I _A I
All others: Signature of an authorized person.		22 MAR EGRETA
Fees:		ZL A SEE. !
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	AM 2:54

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Guardian Tryestments Group 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: 488 NW 165 th street Rd Apt B410 Miami, FL 33169 Mailing Address: 488 NW 165 th Street Rd Apt B410 Miami, FL 33169
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:
Eugensen / Hertulion
Guivensen L'Herfulion Name 488 NW 165th Street Rd
Florida street address (P.O. Box NOT acceptable)
<u>Miami</u> FL 33169 City Zip
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) Registered Agent's Signature (REQUIRED)
(CONTINUED)

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R"	 CI	 IV-

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

"AMBR" = Authorized Member	•
"MGR" = Manager	Quiversen (Hertulien
	488 NW 105th Street Rd APT 13410
	Miami FL 33/69
	<u></u>
(Use attachment if necessary)	
•	
LE V: Other provisions, if any.	/ , 1
•	er l Africa
LE V: Other provisions, if any. REQUIRED SIGNATURE:	
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	an authorized representative of a member e with section 605.0203 (1) (b). Florida Statutes. I am aware that ument to the Department of State constitutes a third degree felony
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document in a docum	r an authorized representative of a member the with section 605.0203 (1) (b). Florida Statutes. I am aware that the ument to the Department of State constitutes a third degree felony
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	r an authorized representative of a member the with section 605.0203 (1) (b). Florida Statutes. I am aware that tument to the Department of State constitutes a third degree felony Livensen Liferia.
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	r an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware that ument to the Department of State constitutes a third degree felony yped or printed name of signee
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	r an authorized representative of a member the with section 605.0203 (1) (b). Florida Statutes. I am aware that tument to the Department of State constitutes a third degree felony Livensen Liferia.

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

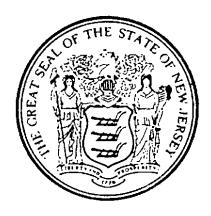
GUARDIAN INVESTMENTS LLC 0450459315

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on January 29, 2020.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

GUIVENSEN I. HERTULIEN 1519 ROSE TERRACE UNION, NJ 07083



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 9th day of December, 2021

Elizabeth Maher Muoio State Treasurer

de sa Mun

Certificate Number: 6126204127

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

SECRETARY OF STATE FALEBAHASSEE FLOOR