# L2200291154

(Requestor's Name)		
(Address)		
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	<del>:</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

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FRANCHISING
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2022 JUN 15 AM 10: 5.

## **COVER LETTER**

TO: New Filin	g Section of Corporations			
SUBJECT: Stea	•			
SUBJECT:	(Name of Res	ulting Florida	Limited Com	npany)
The enclosed Art Business Entity"	icles of Conversion, Artic into a "Florida Limited Li	les of Organ ability Com	ization, and pany" in ac	d fees are submitted to convert an "Oth ecordance with s. 605.1045, F.S.
Please return all o	correspondence concerning	g this matter	to:	
Tabitha Taylor, Es	q.			
	(Contact Person)			
Bryant Taylor Law				
	(Firm/Company)	<del></del>	·	
261 N. University I	Drive, Suite 500			
	(Address)			
Plantation, Florida	· · · · ·			
			<del></del>	
ttaylor@sbttlaw.cc	(City, State and Zip Code)			
•	(to be used for future annual re	nort notification	nc)	
E-mail Address:	(10 be used for future annual re	port normean	) (13 <i>)</i>	
For further inform	mation concerning this ma	tter, please o	call:	
Tabitha Taylor, Es	sq.	_at ( <u>954</u>	<sub>)</sub> 282-9	9331
(Name of (	Contact Person)	(Area	Code) (Day	rtime Telephone Number)
	eck for the following amount on a bank located in the			sed by this office must be payable in U
\$150.00 Filing F (\$25 for Conversion & \$125 for Articles of Organization)	and Certificate of	□\$180.00 and Certifie	~	□\$185.00 Filing Fees. Certified Copy, and Certificate of Status
Mailing .	Address:		Stree	t Address:
	ng Section		New	Filing Section
Division	of Corporations			nion of Corporations
P.O. Box	: 6327		The C	Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## **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:  Steadyworth LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
California  First organized, formed or incorporated under the laws of  (Enter state, or if a non-U.S. entity, the name of the country)
on 08/30/2021 (date of organization, formation or incorporation)  3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Steadyworth 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 01 day of June	_ 20
Signature of Authorized Representative of Limit	
Signature of Authorized Representative:	
Printed Name: Abrel Walters	Title: AUTHORIZED REP
Signature(s) on behalf of Other Business Entity:	
Signature:	
Signature: Printed Name: Combonel Wouldes	Title: Auth Rep. Myc Mubr
Signature:	<u> </u>
Signature:Printed Name:	_ Title:
Signature:Printed Name:	
Printed Name:	_ Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	_ Title:
Signature:Printed Name:	
Printed Name:	_ Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, 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 Liability Signatures of ALL General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy: Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)
Continued of States.	

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	s:
STEADYWORTH LLC  (Must contain the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the particle o	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2980 NE 207th Street, Suite 300  Aventura, Florida 33180	2980 NE 207th Street, Suite 300 Aventura, Florida 33180
Aventura, Florida 33 100	Attended, Florida de 700
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registrations)  The name and the Florida street address of the Gabriel Walters  Nar	stered Agent. You must designate an individual or another registered agent are:
2980 NE 207th Street, Suite	O. Box NOT acceptable)
Aventura	FL 33180
City	Zip
liability company at the place designated registered agent and agree to act in this cape statutes relating to the proper and complete accept the obligations of my position as the complete accept the obligations of my position as the complete accept the obligations of my position as the complete accept the obligations of my position as the complete accept the obligations of my position as the complete accept the complete accept the obligations of my position as the complete acceptance accept	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and registered agent as provided for in Chapter 605, F.S

(CONTINUED)

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	GABRIEL WALTERS
	2980 NE 207th Street, Suite 300
	Aventura, Florida 33180
(Use attachment if necessary)	
(002	
CLE V: Other provisions, if any.	
CDI (COMO providente in )	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE.	
Cianature of a member of	r an authorized representative of a member
This document is executed in accordance	ce with section 605.0203 (1) (b), Florida Statutes. I am aware t
any false information submitted in a doc	rument to the Department of State constitutes a third degree fel
as provided for in s.817 155, F.S.	
A	
	de minte vomo ef giorne
1 ) ( K)	yped 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)