

L22000362762

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

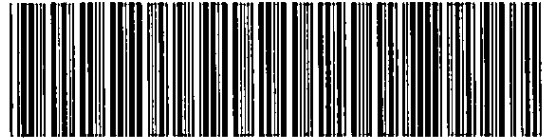
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JUL - 9 2022

22 JUN 28 PM 6:37



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 14, 2022

RACHEL TIMMERMAN
31 AMHERST PLACE
PONTE VEDRA, FL 32081 US

SUBJECT: ANALYTICAL MOMMY LLC
Ref. Number: W22000079856

We have received your document for and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to Florida statute 605.0112, Limited Liability Companies cannot domesticate into Florida, only convert. Attached is a form for your convenience, once filled out please return with to the signing examiner to be processed.

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

Summer Chatham
Regulatory Specialist II
New Filing Section

Letter Number: 722A00013262

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Analytical Mommy 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:

Rachel Timmerman
(Contact Person)

Analytical Mommy LLC
(Firm/Company)

31 Amherst Place
(Address)

Ponte Vedra, FL 32081
(City, State and Zip Code)

biz@theanalyticalmommy.com
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Rachel Timmerman at (202) 286-2905
(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 payable in US dollars and drawn on a bank located in the United States)

Credit S.C.
☒ \$150.00 Filing Fees
(S25 for Conversion
& S125 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

RECEIVED
2022 JUN 28 AM 11:50
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32303

22 JUN 28 PM 6:37

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:

Analytical Mommy LLC

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a VA 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 Virginia

(Enter state, or if a non-U.S. entity, the name of the country)

on 12/6/2020

(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

Analytical Mommy 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.

22 JUN 28 PM 6:37

Signed this 19th day of June 2022.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: RST
Printed Name: Rachel Timmerman Title: Owner/Content Creator

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature: RST
Printed Name: Rachel Timmerman Title: Owner/Content Creator

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 Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized person.

Fees:

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

22 JUN 28 PM 6:37

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Analytical Mommy 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:

31 Amherst Place
Ponte Vedra, FL 32081

Mailing Address:

31 Amherst Place
Ponte Vedra, FL 32081

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:

Rachel Timmerman
Name
31 Amherst Place
Florida street address (P.O. Box **NOT** acceptable)
Ponte Vedra FL 32081
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.

PSA
Registered Agent's Signature (REQUIRED)

(CONTINUED)

22 JUN 28 PM 6:37

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Rachel Timmerman

31 Amherst Place

Ponte Vedra, FL 32081

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

REQUIRED SIGNATURE:



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.

Rachel Timmerman

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)

22 JUN 2015
PM 6:37