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| (Requestor's Name)                      |                 |             |  |  |
|---|-----------------|-------------|--|--|
| (Address)                               |                 |             |  |  |
| (Address)                               |                 |             |  |  |
| (City                                   | /State/Zip/Phon | e #)        |  |  |
| PICK-UP                                 | ☐ WAIT          | MAIL        |  |  |
| (Business Entity Name)                  |                 |             |  |  |
| (Document Number)                       |                 |             |  |  |
| Certified Copies                        | Certificates    | s of Status |  |  |
| Special Instructions to Filing Officer: |                 |             |  |  |
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FLORIDA DEPARTMENT OF STATE **Division of Corporations** 

April 15, 2022

DANA FOGLESONG HOPE INFLUENCER 2931 HOLLY ROAD FORT MYERS, FL 33901 US

SUBJECT: HOPE INFLUENCER CO

Ref. Number: P21000018701

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NFLUENCER CO and check(s)

nt has not been filed and is being

3443 We have received your document for HOPE INFLUENCER CO and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$115.00.

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

The form that you submitted is incorrect. I have enclosed the correct form. Please note the additional fee.

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) 245-6823.

Annette Ramsey **OPS** 

Letter Number: 522A00008863



2022."" 22 PH 4:41

## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 10, 2022

DANA FOGLESONG 2931 HOLLY RD FT MYER, FL 33901

SUBJECT: HOPE INFLUENCER LLC

Ref. Number: W22000078263

We have received your document for HOPE INFLUENCER 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):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Karen Lovelace Regulatory Specialist II

Letter Number: 622A00013084

### **COVER LETTER**

| Division of Corporations  |
|---|
| SUBJECT: THE THE CONTROL (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:   |
| (Contact Person)  (Contact Person)  (Firm/Company)  |
| 2931 Holly Rd   |
| I+ MX65 7 33901   |
| (City, State and Zip Code)  |
| E-mail Address: (to be used for future annual report notifications)   |
| For further information concerning this matter, please call:  |
| (Name of Contact Person)  at (239) (COO-34)(93)  (Area Code) (Daytime Telephone Number)   |
| (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)  |
| \$\sumseteq \$\sumseteq \text{\$\sumseteq \since \text{\$\sumseteq \text{\$\sumseteq \text{\$\sumseteq \since \text{\$\since \since \text{\$\since \text{\$\since \text{\$\since \text{\$\since \since \text{\$\since \text{\$\s |
| Mailing Address:Street Address:New Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee2Tallahassee, FL 323142415 N. Monroe Street, Suite 810"  |

Tallahassee, FL 32303

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# **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.

| Statutes.  |                                 |
|--|---------------------------------|
| 1. The name of the "Other Business Entity" immediately prior to the filing of the Artic  Tipe In flencer Co.  (Enter Name of Other Business Entity)  | les of Conversion is:           |
| *(Enter Name of Other Business Entity)   |                                 |
| 2. The "Other Business Entity" is a Corporation, limited partnership, general partnership, common co | on law or business trust, etc.) |
| First organized, formed or incorporated under the laws of TLondo.  (Enter state, or if a non-U.S. entity, the date of organization, formation or incorporation)  | e name of the country)          |
| (date of organization, formation or incorporation)   |                                 |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Art  Hope Influence  (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 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 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.  | <br><br>90 calendar days after  |
| 6. The "Converted or Other Business Entity" has agreed to pay any members having appraisable which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.  | sal rights the amount to        |
|  |                                 |
|  | . 3                             |

| Signed this day of   | 20   |             |
|--|--|-------------|
| Signature of Authorized Representative of Limitation   | ited Liability Company:  |             |
| Signature of Authorized Representative: Dana Fig (Sans   | Title: Journed porther   | _           |
| Signature(s) on behalf of Other Business Entity:   | [See below for required signature(s)]                          |             |
| Signature: Suna Fullari Printed Name: Düng Franci  | Title: Oth Cy  |             |
| Signature:Printed Name:  |  |             |
|  |  |             |
| Signature:Printed Name:  | Title:   | <del></del> |
| Signature: Printed Name:   |  | _<br>_      |
| Signature:Printed Name:  | m: 1   | ***         |
| Printed Name:  | 11tle:   | _           |
| Signature:Printed Name:  | Title:   | <u>-</u>    |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc  If Florida General Partnership or Limited Liabili Signature of one General Partner.  If Florida Limited Partnership or Limited Liabili | corporator must sign.  ty Partnership:                         |             |
| Signatures of ALL General Partners.  |  |             |
| All others: Signature of an authorized person.   |  | -           |
| Fees:  |  |             |
| Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate.of Status:  | \$25.00<br>\$125.00<br>\$30.00 (Optional)<br>\$5.00 (Optional) |             |
|  |  | <u>en</u>   |

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| The name of the Limited Liability Company is:  |   |
|--|---|
| Hope Influer (Must contain the words "Limited Liability  | nca/LLC   |
| (Must contain the words "Limited Liability   | Company, "L.L.C.," or "LLC.")   |
| ARTICLE II - Address: The mailing address and street address of the pri  | ncipal office of the Limited Liability Company is:  |
| Principal Office Address:  | Mailing Address:  |
| 2931 Holly Rd<br>Fr Myst, F 33901  | 2.931 Holly 12d<br>19 Myers To 33901  |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the remainder of the r | red Agent. You must designate an individual or another  |
| 2931 HILY Florida street address (P.O.   | 22  |
| Fr Wer   | FL 33401<br>Zip   |
| liability company at the place designated in a<br>registered agent and agree to act in this capacit<br>statutes relating to the proper and complete pe   | accept service of process for the above stated limited this certificate, I hereby accept the appointment as by. I further agree to comply with the provisions of all exformance of my duties, and I am familiar with and stered agent-as-provided-for in Chapter 605, F.S |

Registered Agent's Signature (REQUIRED)

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|----|---|-----|---|--------|-----|----|-------|
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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<br>CXYY P∞  | Nana Fra Rose   |
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| (Use attachment if necessary)   |   |
| RTICLE V: Other provisions, if any.   |   |
|   |   |
| REQUIRED SIGNATURE:   |   |
| MEQUINED SIGNATURE.   |   |
|   | ****  |
| Signature of a member or a  | n authorized representative of a member   |
| This document is executed in accordance was false information substituted in a document | with section 605.0203 (1) (b), Florida Statutes, I am aware that<br>nent to the Department of State constitutes a third degree felony |
| as provided for in s.817.155, F.S.  | ent to the Department of State constitutes a tripo degree felony  |
|   | I = 0 /   |
|   | 1 listens/  |
| 1yp   | ed 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)