122000	358838
(Requestor's Name)	

(Ado	dress)	
(Add	dress)	<u> </u>
	,	
(City/State/Zip/Phone #)		
(Bus	siness Entity Nam	e)
(Dox	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

Office Use Only

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W22-80972



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 15, 2022

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ERIC LIEDHOLM 300 SE 2ND STREET, STE. 600 FT. LAUDERDALE, FL 33301

SUBJECT: INTEGRITY TOURS LLC Ref. Number: W22000080972

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We have received your document for INTEGRITY TOURS LLC and your check(s) totaling \$128.75. 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 L O'KEEFE Regulatory Specialist II Letter Number: 522A00013380 AUG

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COVER LETTER

TO: New Filing Section Division of Corporations

SUBJECT: Integrity Tours 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:

Eric Liedholm (Contact Person) Integrity Tours LLC (Firm/Company) 300 SE 2nd Street, Suite 600 (Address) Fort Lauderdale, FL 33301 (City, State and Zip Code) eric@integritytours.com E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call: at (888) 462-9566 (Area Code) (Daytime Telephone Number) Eric Liedholm (Name of Contact Person) 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) s. Paid 128.75 on 6/15/22 original Filing date. Boluncedue. Holuncedue. (enclosed) S185.00 Filing Fees. S150.00 Filing Fees S155.00 Filing Fees S180.00 Filing Fees Certified Copy, and (\$25 for Conversion and Certificate of and Certified Copy Certificate of Status & \$125 for Articles Status of Organization) Street Address: Mailing Address: New Filing Section New Filing Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 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: Integrity Tours LLC

(Enter Name of Other Business Entity)

LLC 2. The "Other Business Entity" is a

(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)

March 25, 2021 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: Integrity Tours 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.



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Signed this	s day of		20	
	of Authorized Represen			npany:
Signature o	of Authorized Representat me:Eric Liedholm	tive:	Tule: AP	
t milea : va	(s) on behalf of Other Bus		4	
Signature: Printed Na	me:ERIC LIED	HOLM	Title:A	P
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Signature: Printed Na	une:		Title:	
Signature	Corporation: of Chairman, Vice Chairm is or Officers have not been	an, Director, or C n selected, an Inc)fficer. orporator must s	ign.
<u>If Florida</u> Signature	General Partnership or of one General Partner.	Limited Liabilit	y Partuership:	
<u>lf Florida</u> Signature:	A Limited Partnership or s of ALL General Partners	Limited Liabilit	y Limited Parts	ership:
<u>All others</u> Signature	s: of an authorized person.			
Fees:				
Fe C	rticles of Conversion: ees for Florida Articles of ertified Copy: ertificate of Status:	Organization [.]	\$25.00 \$125.00 \$30.00 (Option \$5.00 (Option	

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Integrity Tours 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:	<u>Mailing Address:</u>
300 SE 2nd Street, Suite 600	same as principal address
Fort Lauderdale, FL 33301	

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:

Alexa Schuzar Name <u>300 SE 2^{L4} St. Svite 600</u> Florida street address (P.O. Box <u>NOT</u> acceptable) Ft. Lauderdale FL 3330/ City Zin

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.

A
Registered Agent's Signature (REQUIRED)
(CONTINUED)

ALLAHASSEE FLO

ARTICLE IV-

· · ·

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

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<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager	ERIC LIEOHOLM 419 SE 2nd St., Apt. 28,0 Fort Landerdale, FL 33701	2	
		2022 AUG 11, PH 12: SECONDARY OF STA	
(Use attachment if necessary)		G I I	Г
ARTICLE V: Other provisions, if any.		25 51451 25 51451 27 51451 10 10 10	C
<u>REQUIRED</u> SIGNATURE:	en		
This document is executed in accordance w	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that thent to the Department of State constitutes a third degree felony	t Y	
Eric Liedholm	n		
Тур	bed or printed name of signee		
\$125.00 Filing Fee for Articles of	<u>Filing Fees</u> Organization and Designation of Registered Age	ent	
\$ 30.00 Certified Copy (Optiona			



COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

05/03/2022

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Integrity Tours LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTEMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Acting Secretary of the Commonwealth

--- Certification Number: TSC220503111254-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify