L22000501138

(Requestor's Name)
(Address)
(Address)
(/ loui/055)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
<u> </u>
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only

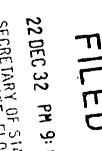


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(1) (77) 7 HOY 7 NOTE (**155)(60)

SECRETARY OF STATE







November 4, 2022

KRISTY PYLES 1311 DINNERBELL LN E DUNEDIN, FL 34698

SUBJECT: IN YOUR CORNER CONSULTING

Ref. Number: W22000139275



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

An individual must sign on behalf of the business entity you have designated as the registered agent.

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.

ARCEDRA JOHNSON Regulatory Specialist II

Letter Number: 822A00024799

2022 LED -2 AH 9: 1

COVER LETTER

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TO: New Filing Section Division of Corporations
SUBJECT: In Your Corner Consulting, 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:
Contact Person)
(Contact Person) The Consulting, LLC (Firm/Company) 1311 Dinnerbell Ln E (Address)
1311 Dinnerbell Ln E (Address)
Dunedin FL 34698
E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
hristy Pyles at (937) 515-2711 FEB 78 The state of Contact Person (Area Code) (Daytime Telephone Number) AFF 78 The state of Contact Person The state of Contact Person
Enclosed is a check for the following amount: (All checks processed by this office must be payable in 08 dollars and drawn on a bank located in the United States)
E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call:

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 <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:
(Enter Name of Other Business Entity)
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 Ohio (Enter state, or if a non-U.S. entity, the name of the country)
on Olloz/2020 - Converted. To LLC 02/19/2020 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
In Your Corner Consulting, LLC. (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: 10/216/2622.
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 cales days after
(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.

Signature of Authorized Representative of Limi	^	
Signature of Authorized Representative: 1944 Printed Name: 1544 Pules	75 Pylo	
Printed Name: hr Sty Rules	Title: Manusing Member, owner	/
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)	
Signature: Printed Name: No. 5+4 Philes	Title: Managing Member	
Signature:	723.1	
Printed Name:	Little:	
Signature:	_Title: _Tit	
Printed Name:	_Title:	
Cianatura. —	my prox	0011
Signature:Printed Name:	Title: W) Y(A) V (C)	C4 ()
Timed Tallies	- 1 10001 OFF (1)	工心
Signature:	signed in the	_
Printed Name:	_Title: areato	12
Printed Name: Signature: Printed Name: Signature:	issues correct it	2:5
Printed Name:		. –
	issue,	
If Florida Corporation:	Option Of The State of The Stat	
Signature of Chairman, Vice Chairman, Director, or a life Directors or Officers have not been selected, an Inc.	onicer.	
	oo portator must mg.	
If Florida General Partnership or Limited Liabili	ty Partnership:	
Signature of one General Partner.		
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:	
Signatures of ALL General Partners.	, <u> </u>	
	-	
All others: Signature of an authorized person.	ALI	22
Signature of all additionized person.	CR ARE	000
Fees:	HASS	C32 PM 9
	CRETARY LAHASSE	32
Articles of Conversion:	\$25.00 Po	P 3
Fees for Florida Articles of Organization: Certified Copy:	\$125.00 \$30.00 (Optional)	ا بو
Ссинса Сору.	\$30.00 (Optional)	
Certificate of Status:	\$5.00 (Optional)	<u> </u>

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

In Your Corner Consulting LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.")

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

The mailing address and street address of the prin	ncipal office of the Limited Liabili	ity Compa	any is:	
Principal Office Address:	Mailing Address:			
1311 Dinnerbell Ln E Nunedin, FL 34698	1311 Dinnerbell Dunedin FL 3469:	<u>L</u> n E	-	
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 re	egistered agent are:			
Thomas	Pyles			
1311 Dinnerbe Florida street address (P.O.				
Dunadin	FL 34698 Zip			
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacity statutes relating to the proper and complete pages accept the obligations of my position as regi	this certificate, I hereby accept the a ty. I further agree to comply with the erformance of my duties, and I am f	appointme he provisie familiar w	ent as ons of all vith and	
Registered Agent's Signa	ature (REQUIRED)	SECRE TALLAH	7 7 1	
(CONTINU	JED)	TARY OF STATE	C32 PM 9: 04	

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:			
"MGR" = Manager MG P	Mristy Pyles 1311 Dinpointell Un E Dinedia, FL 34498			
(Use attachment if necessary)				
CLE V: Other provisions, if any.				
REQUIRED SIGNATURE:	rles			
This document is executed in accordance wany false information submitted in a docume as provided for in s.817.155, F.S.	n authorized representative of a member with section 605,0203 (1) (b). Florida Statutes. I am aware that the the Department of State constitutes a third degree felony			
	ed or printed name of signee Filing Fees Organization and Designation of Registere (CAge 1) \$ 5.00 Certificate of Status (Optional)			
	SIME SIME			