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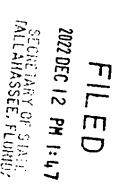
(Requestor's Name)
(Address)
(1001000)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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COVER LETTER

TO:	New Filing So Division of Co			*	
SHR	IECT: THE EXE	ECUTIVE WHISPER, LL	С		
SODA		(Name of Res	ulting Florida Lin	nited Con	npany)
					d fees are submitted to convert an "Othe ecordance with s. 605.1045, F.S.
Pleas	e return all corre	espondence concerning	g this matter to	:	
DANI	ELLE PEYNADO				
		(Contact Person)			
BRIC	K BUSINESS LA	W, P.A.			
		(Firm/Company)		_	
3413	W FLETCHER A	VE			
-		(Address)		_	
TAME	PA, FL 33618				
	•	City, State and Zip Code)			
DANI	ELLE.PEYNADO	@BRICKBUSINESSLA	W.COM		
E-	mail Address: (to b	e used for future annual re	port notifications)	_	
For fi	urther information	on concerning this ma	tter, please call	:	
DAN	ELLE PEYNADO		at (813	816-	1816
	(Name of Conta	et Person)		e) (Day	rtime Telephone Number)
		or the following amou a bank located in the	`	process	sed by this office must be payable in US
(\$25 for & \$12	50.00 Filing Fees or Conversion 5 for Articles panization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filin and Certified C		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee, I	ection orporations 7		New Divis The C 2415	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303

INHS11 (7/17)

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: THE EXECUTIVE WHISPER, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a EIMITED LIABILITY COMPANY M22000 17-903 (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
on 4/24/2018 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
THE EXECUTIVE WHISPER, 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 <u>06</u> day of <u>DE</u>	CEMBER	20 22
Signature of Authorized Repre	sentative of Limit	ed Liability Company:
	Willia	m. Hanekama
Signature of Authorized Represen	ntative:	
Signature of Authorized Represe Printed Name: WILLIAM HANEKAN	MP	Title: AP
Signature(s) on behalf of Other	Business Entity: [S	See below for required signature(s)
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:	 	Title:
Signature:		
Printed Name:		Title:
Signature:		Title:
Printed Name:		Title:
6.		
Signature:		Title:
Frince Name.		Title.
Signature:		
Printed Name:		Title:
If Florida Corporation:	Di) (FE
Signature of Chairman, Vice Chair If Directors or Officers have not b		
If Directors of Officers have not b	een selected, all me	orporator must sign.
If Florida General Partnership o	or Limited Liabilit	y Partnershi <u>p:</u>
Signature of one General Partner.		
If Florida Limited Partnership o	or Limited Liabilit	y Limited Partnership:
Signatures of ALL General Partner	ers.	
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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ed Liability Company	is:
PER. LLC	
	bility Company, "L.L.C.," or "LLC.")
ss: ad street address of the	e principal office of the Limited Liability Company is:
ess:	Mailing Address:
ER .	FIRST CENTRAL TOWER
E 800	360 CENTRAL AVE., STE 800
33701	ST PETERSBURG, FL 33701
Florida registration.)	egistered Agent. You must designate an individual or another he registered agent are:
	ame
	D.O. D. WOT
orida street address (1	
MPA	FL 33618
City	Zip
at the place designate agree to act in this capthe proper and completions of my position as	and to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of acete performance of my duties, and I am familiar with and is registered agent as provided for in Chapter 605, F.S
	d street address of the ress: ER E 800 3701 tered Agent, Register and registration.) ida street address of the registration. ICK BUSINESS LAW, IN No. 13 W FLETCHER AVE orida street address (IMPA City as registered agent and at the place designate agree to act in this capthe proper and complete the proper and complete agree and complete the proper and complet

ARTICLE IV-

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

"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	WILLIAM HANEKAMP
	FIRST CENTRAL TOWER, 360 CENTRAL AVE
	STE. 800, ST. PETERSBURG, FL 33701
(Use attachment if necessary)	
CLE V: Other provisions, if any.	liam Hanekamp
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	Tan Hanekamp Tan authorized representative of a member to with section 605.0203 (1) (b), Florida Statutes. I am aware to the Department of State constitutes a third degree fe
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	r an authorized representative of a member
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. WILLIAM HANEKAMP	r an authorized representative of a member

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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