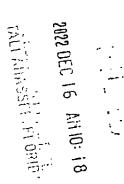
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(Requestor's Name)
(Address)
(Address)
(Ĉity/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Boodine Hamber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only #



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COVER LETTER

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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Division of C				
SUBJECT: Active M	easures LLC			
	(Name of Res	ulting Florida Limi	ited Con	npany)
				d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please return all corr	espondence concerning	g this matter to:		
John W Nicks Jr				
	(Contact Person)		_	
Active Measures LLC				
	(Firm/Company)		_	
2728 Dad Weldon Rd				
	(Address)		-	
Dover, Florida 33527				
(0	City, State and Zip Code)		_	
jwnicksjr@gmail.com				
E-mail Address: (to b	e used for future annual re	port notifications)	-	
For further informati	on concerning this ma	tter, please call:		
John W Nicks Jr		_at (<u>843</u>	709-8	3667
(Name of Conta	et Person)) (Day	time Telephone Number)
	or the following amou a bank located in the	•	process	sed by this office must be payable in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	S180.00 Filing and Certified Cop	-	S185.00 Filing Fees. Certified Copy, and Certificate of Status
Mailing Add	ress:		Street	Address:
New Filing S				Filing Section
Division of C	•			ion of Corporations
P.O. Box 632	7		The C	entre of Tallahassee

Tallahassee, FL 32314

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: Active Measures Inc
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation (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)
August 15, 2022
August 15, 2022 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:
Active Measures 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.)
<u>Note:</u> 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 12th day of December	20	
Signature of Authorized Representative of Lim	ited Liability Company:	
Signature of Authorized Representative: Printed Name: John W Nicks Jr	W / July / Title: MGR/	-
Signature(s) on behalf of Other Business Entity: Signature:		
Printed Name: John W Nicks Jr	Title: President	<u>-</u> -
Signature: Printed Name:	Title:	- 26
Signature:Printed Name:	Title:	ROEC !
Signature:Printed Name:	Title:	MR DEC 16 AMIO
Signature:Printed Name:		- P.T.
Signature: Printed Name:	Tid	_
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	Officer.	-
If Florida General Partnership or Limited Liabil Signature of one General Partner.	ity Partnership:	
If Florida Limited Partnership or Limited Liabil Signatures of <u>ALL</u> General Partners.	ity Limited Partnership:	
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

ARTICLE I - Name:			
The name of the Limited Liability (Company is:		
Active Measures LLC			
(Must contain the words "	Limited Liability Co	ompany, "L.L.C.," or "LLC."	")
ARTICLE II - Address:			
The mailing address and street addr	ess of the princ	ipal office of the Lim	ited Liability Company is:
Principal Office Address:	<u>i</u>	Tailing Address:	
2728 Dad Weldon Rd	2	728 Dad Weldon Rd	
Dover, Florida 33527		Dover, Florida 33527	
ARTICLE III - Registered Agent (The Limited Liability Company cannot serve a business entity with an active Florida registrat The name and the Florida street add John W Nieko John	is its own Registered ion.)	Agent. You must designate	
John W Nicks Jr	Name		
	Name		5
2728 Dad Weldo			
Florida street a	iddress (P.O. Bo	ox NOT acceptable)	
Dover		FL 33527	
(Lity	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..

egistered Agent's Signature (REQUIRED)

(CONTINUED)

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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	John W Nicks Jr
MGR	2728 Dad Weldon Rd
	Dover, Florida 33527
	Dover, Florida 55521
	艺品
	35
	C.S.
	SEC. CORD
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	ed A
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felor
John W Nicks Jr	
Ty	ped or printed name of signee

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