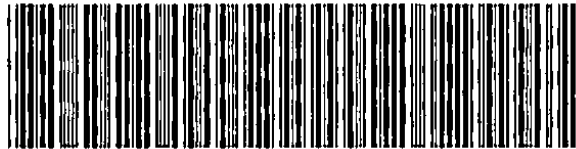


L23000033197



300399788843

01/09/23--01020--017 \*\*155.00

FILED

23 JAN -9 AM 1:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

1 Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

al Instructions to Filing Officer:

Office Use Only

**COVER LETTER**

New Filing Section  
Division of Corporations

**CT:** Lyon Heart Consulting, LLC  
(Name of Resulting Florida Limited Company)

Enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other s Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Return all correspondence concerning this matter to:

Irene Munucio  
(Contact Person)

Lyon Heart Consulting, LLC  
(Firm/Company)

1 Cottage Way Ste G2 #6330  
(Address)

Tallahassee, FL 32310  
(City, State and Zip Code)

irene77@gmail.com  
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Irene Munucio at ( 559 ) 908-8837  
(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)

FILED  
23 JAN -9 AM 11:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- \$150.00 Filing Fees for Conversion (Articles of Organization)
- \$155.00 Filing Fees and Certificate of Status
- \$180.00 Filing Fees and Certified Copy
- \$185.00 Filing Fees, Certified Copy, and Certificate of Status

**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**

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  
S.

name of the “Other Business Entity” immediately prior to the filing of the Articles of Conversion is:  
Heart Consulting, LLC

(Enter Name of Other Business Entity)

the “Other Business Entity” is a LLC  
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

organized, formed or incorporated under the laws of CA  
(Enter state, or if a non-U.S. entity, the name of the country)

1/19/2021

(Date of organization, formation or incorporation)

The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

Heart Consulting, LLC

(Enter Name of Florida Limited Liability Company)

If not effective on the date of filing, enter the effective date: 02/01/2023

**Effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after 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.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
23 JAN -9 PM 1:29  
**FILED**

The plan of conversion has been approved in accordance with all applicable statutes.

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.

03 day of January 2023

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative: [Signature]  
Name: Irene Munarolo Title: Owner

**Signature(s) on behalf of Other Business Entity: (See below for required signature(s))**

Signature: [Signature]  
Name: Irene Munarolo Title: Owner

Signature: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Florida Corporation:**

Signature of Chairman, Vice Chairman, Director, or Officer.  
If no Directors or Officers have not been selected, an Incorporator must sign.

**Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**Others:**

Signature of an authorized person.

5:

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

FILED  
 23 JAN -9 AM 1:29  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Lyon Heart Consulting, 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:**

**Mailing Address:**

2471 Timsbury Loop  
Cantonment, FL 32533

3400 Cottage Way, Ste G2 #6330  
Sacramento, CA 95825

**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:

Irene Munarolo  
Name  
2471 Timsbury Loop  
Florida street address (P.O. Box **NOT** acceptable)  
Cantonment FL 32533  
City Zip

23 JAN -9 AM 1:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

*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..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Irene Munarolo

2471 Timsbury Loop

Cantonment, FL 32533

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

FILED  
 23 JAN - 9 AM 1:29  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**REQUIRED SIGNATURE:**

*Irene Munarolo*

**Signature of a member or an authorized representative of a member**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Irene Munarolo

Typed 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)**