

L23000033207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☒ PICK-UP ☐ WAIT ☐ MAIL

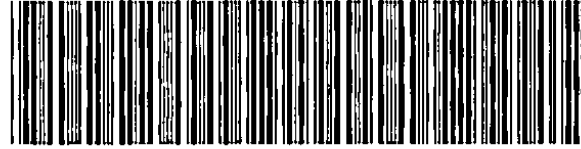
(Business Entity Name)

(Document Number)

Copies _____ Certificates of Status _____

Instructions to Filing Officer:

Office Use Only



600399788656

01/09/20--01/02/24 **300.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

23 JAN -9 AM 1:30

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COVER LETTER

New Filing Section
Division of Corporations

Re: Ynot Savant, LLC

(Name of Resulting Florida Limited Company)

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

Return all correspondence concerning this matter to:

D. Whitehouse, Esq.

(Contact Person)

Whitehouse & Cooper, PLLC

(Firm/Company)

1000 Park Center Drive, Unit 2M

(Address)

Tallahassee, FL 32305

(City, State and Zip Code)

ysavantyhealth.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

D. Whitehouse, Esq.

at (

321

) 285-2300

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

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)

<input type="checkbox"/> \$0.00 Filing Fees for Conversion for Articles Organization)	<input type="checkbox"/> \$155.00 Filing Fees and Certificate of Status	<input type="checkbox"/> \$180.00 Filing Fees and Certified Copy	<input type="checkbox"/> \$185.00 Filing Fees. Certified Copy, and Certificate of Status
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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 **Business Entity" into a Florida Limited Liability Company** in accordance with s.605.1045, Florida

Name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
avant, LLC

(Enter Name of Other Business Entity)

"Other Business Entity" is a limited liability company
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

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

2017
(Enter date of organization, formation or incorporation)

Name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:
avant, LLC
(Enter Name of Florida Limited Liability Company)

Not effective on the date of filing, enter the effective date: _____

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.)

If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the entity's effective date on the Department of State's records.

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.

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TALLAHASSEE, FLORIDA

4th January 2023
is _____ day of _____ 20____.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: Anthony Mancilla
Name: Anthony Mancilla Title: Authorized Member

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

Signature: Anthony Mancilla
Name: Anthony Mancilla Title: Managing Member

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.

Witnesses:

Signature of an authorized person.

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

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ynot Savant, 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:

2904 W San Nicholas St
Tampa, FL 33629

Mailing Address:

2904 W San Nicholas St
Tampa, FL 33629

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:

Anthony Mancilla
Name
2904 W San Nicholas St
Florida street address (P.O. Box **NOT** acceptable)
Tampa FL 33629
City Zip

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TALLAHASSEE

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.

DocuSigned by:

Anthony Mancilla

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Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

AMBR

Tampa, FL 33629

CLE V: Other provisions, if any.

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TALLAHASSEE, FLORIDA

FILLED

- DocuSigned by:

Anthony Mancilla

- 1F2F4F4551CC4BF..

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.

Anthony Mancilla

Typed or printed name of signee

\$ 30.00 Certified Copy (Optional) **\$ 5.00 Certificate of Status (Optional)**