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(Requestor's Name)
(Address)
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(OK) Otalo 2.pr Hone "/
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Scrimed copies
Special Instructions to Filing Officer:
11100000016017
W23000015872

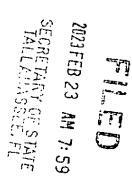
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### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 6, 2023

SADARIS R. CHEATHAM 16220 GREAT BLUE HERON COURT WINTER GARDEN, FL 34787

SUBJECT: I-INVENT, LLC Ref. Number: W23000015872

We have received your document for I-INVENT, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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.

Karen Lovelace Regulatory Specialist II



Letter Number: 323A00002794

### **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: I-INVENT, INC CONVERSION	I TO I-INVENT,LLC
	Resulting Florida Limited Company)
The enclosed Articles of Conversion, Art Business Entity" into a "Florida Limited	ticles of Organization, and fees are submitted to convert an "Other Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerni	ing this matter to:
Sadaris R. Cheatham	
(Contact Person)	
(Firm/Company)	<del></del>
16220 Great Blue Heron Court	
(Address)	
Winter Garden, FL 34787	
(City, State and Zip Code)	
srcheatham@gmail.com	
E-mail Address: (to be used for future annual re	eport notifications)
For further information concerning this ma	,
Sadaris Cheatham	at () 234-2943
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amou dollars and drawn on a bank located in the	int: (All checks processed by this office must be payable in US United States)
S150.00 Filing Fees (\$25 for Conversion & \$125 for 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 SSC Tallahassee, FL 32303

### **Articles of Conversion**

For

## "Other Business Entity"

Into

# Florida Limited Liability Company

The 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 Statutes.

	her Business Entity)
2. The "Other Business Entity" is a CORPORA	TION
(Enter entity type. Example: corporation,	TION  limited partnership, general partnership, common law or business trust, etc
First organized, formed or incorporated under th	ne laws of FLORIDA
1/5/2018	(Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or incorporation)	
(Enter Name of Florida Limit	ted Liability Company)
A 16 CC	1/10/2022
4. If not effective on the date of filing, enter the	effective date:
	receipt or filed date nor more than 90 calendar days after
Note: If the date inserted in this block does not meet the adocument's effective date on the Department of State's rec	pplicable statutory files !
5. The plan of conversion has been approved in a	ccordance with all applicable statutes.
<ol> <li>The "Converted or Other Business Entity" has ag which such members are entitled under ss. 605.1</li> </ol>	greed to pay any members having appraisal rights the amount to 006 and 605.1061-605.1072, F.S.

,	22 17
Signed this 13th day of January	20
Signature of Authorized Representative of Limited	Liability Company:
Signature of Authorized Representative:	Title: _ PRESIDENT
Signature(s) on behalf of Other Business Entity: [Se	e below for required signature(s)
Signature(s) on behalf of Other Business  Signature: What Charles  Printed Name: SADAMS K. CHRAMAN	Title: IMESI OFN
Signature:Printed Name:	Title:
Signature:Printed Name:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	Officer. orporator must sign.
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

Certified Copy: Certificate of Status:

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na	ıma.		
	Limited Liability Company	is:	
I-INVENT,LLC_			
(N	fust contain the words "Limited Lial	bility Company, "L.L.C.," or "LLC.")	
ARTICLE II - A	ddress:		
The mailing addre	ess and street address of the	principal office of the Limited I	Liability Company is:
Principal Office	Address:	Mailing Address:	
16220 Great Blue H	leron Court	16220 Great Blue Heron Cour	t
Winter Garden, FL	34787	Winter Garden, FL 34787	
			<u> </u>
•	active Florida registration.) Florida street address of the Sadaris R. Cheatham National Sadaris R. Cheatham		
	16220 Great Blue Heron Co	ourt	
	Florida street address (P.	O. Box NOT acceptable)	
	Winter Garden	FL <sup>34787</sup>	
	City	Zip	
liability comp registered agent statutes relating	any at the place designated and agree to act in this cape g to the proper and complete	to accept service of process for the in this certificate, I hereby accept acity. I further agree to comply we performance of my duties, and I registered agent as provided for in a granture (REQUIRED)	the appointment as ith the provisions of all am familiar with and
	(CONTI	NUED)	P 1 123 FEB 2 CRETAR TALLAHA

Title:	Name and Address:		
'AMBR" = Authorized Member			
'MGR" = Manager	O. I. i. D. Charatham		
<u>MGR</u>	Sadaris R. Cheatham  16220 Great Blue Heron Court		
	Winter Garden, FL 34787		
	Willer Galder, 1 L 34761		
<del></del>			
LE V: Other provisions, if any.			
	(0)		
THE CLOSE THE COLUMN T	₹C FC		
REQUIRED SIGNATURE:	A CL HET		
d who	A. Chattan		
	227		
Signature of a member or	an authorized representative of a member?		
mer a managaran da m	a with eaction 605 0203 (1) (b) Florida Statutes, Lam aware		
any false information submitted in a docu as provided for in s.817.155, F.S.			
as provided for in s.o. (1.133, 1.3.	mi .		
•			
Sadaris R. Cheatham			
Sadaris R. Cheatham	yped or printed name of signee Filing Fees		

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

ARTICLE IV-