La3000146224

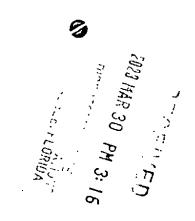
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
·
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only





08/31/22--01001--011 **150.00



NSTRUCTIONS:

P.O. Box 37066 (3	236 East 6th Avenue. Tallahassec, Florida 32303 32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666
	WALK IN
PICK	CAT 3/30
CERTIFIED COPY	
РНОТОСОРУ	
CUS	
FILING	CONVERSION
(CORPORATE NAME AND DOCUM	MENT #)
(CORPORATE NAME AND DOCUM	
(CORPORATE NAME AND DOCUM	
(CORPORATE NAME AND DOCUM	AENT #)

COVER LETTER

Division of C	orporations			
SUBJECT: Empathi	c Design LLC			
	(Name of Res	ulting Florida Lin	ited Con	npany)
		•		d fees are submitted to convert an "Other coordance with s. 605,1045, F.S.
Please return all corr	espondence concerning	g this matter to:		
Anthony Holmes				
	(Contact Person)		_	
Registered Agent Solu	itions, Inc.			
	(Firm/Company)		_	
5301 Southwest Pkwy	., Suite 400			
	(Address)		_	
Austin, TX 78735				
	City, State and Zip Code)			
E-mail Address: (to b	e used for future annual re	port notifications)	_	
For further informati	on concerning this ma	tter, please call	:	
Anthony Holmes		_at (_888	705-	7274
(Name of Conta	act Person)	(Area Cod	e) (Day	rtime Telephone Number)
	or the following amous 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)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filir and Certified Co	-	☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status
Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee.	ection Torporations 27		New Divis The C	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO: New Filing Section

ARTICLE I - Name: The name of the Limited Liability Company is: Empathic Design LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.,"

The name and the Florida street address of the registered agent are:

business entity with an active Florida registration.)

Registered Agent Solution	s, Inc.
Na	ame
155 Office Plaza Dr., Suite	A
Florida street address (F	P.O. Box NOT acceptable)
Tallahassee	FL ³²³⁰¹
City	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..

Jaclyn Wright, Asst. Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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" imn Empathic Design LLC	nediately prior to the filing of the Articles of Conversion is:
(Enter Name of Other	er Business Entity)
2. The "Other Business Entity" is a	lity Company
	imited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the	e laws of Utah (Enter state, or if a non-U.S. entity, the name of the country)
on	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Co	mpany as set forth in the attached Articles of Organization:
Empathic Design LLC	
(Enter Name of Florida Limit	ted Liability Company)
4. If not effective on the date of filing, enter the (The effective date: Cannot be prior to date of	effective date: f receipt or filed date nor more than 90 calendar days after
the date this document is filed by the Florida	Department of State.) applicable statutory filing requirements, this date will not be listed as the
5. The plan of conversion has been approved in a	accordance with all applicable statutes.
6. The "Converted or Other Business Entity" has a which such members are entitled under ss. 605.	igreed to pay any members having appraisal rights the angunt to 1006 and 605.1061-605.1072, F.S.

Signed this 29 day of March	20_23 .
Signature of Authorized Representative of Lin	nited Liability Company:
Signature of Authorized Representative:Printed Name: Ryan Augustine	Title: Founder
Signature(s) on behalf of Other Business Entity:	
Signature:	
Signature:	Title: Founder
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Printed Name:	Title:
Simplifies	
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, of	or Officer.
If Directors or Officers have not been selected, an	
If Florida General Partnership or Limited Liab Signature of one General Partner.	ility Partnership:
If Florida Limited Partnership or Limited Liab Signatures of <u>ALL</u> General Partners.	ility Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization Certified Copy: Certificate of Status:	\$25.00 : \$125.00 \$30.00 (Optional) \$5.00 (Optional)

A	Ð	TT	CI	F	TV_{-}
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as provided for in s.817.155, F.S.

Ryan Augustine

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Ryan Augustine 3703 SE 8th Pl, Cape Coral, FL 33904
	SECOND TANK
(Use attachment if necessary)	30
ICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	131
Signature of a member or	an authorized representative of a member

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)