12300161199

| (Requestor's Name) |
|---|
| (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: |
| w23000040209 |
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2023 HAR -3 AM 9: 19 SECRETARY OF STATE

COVER LETTER

| TO: New Filing Sec Division of Co | | | | | | | |
|--|---|--------------------------------------|---------------------|--|-----------------------|----------|----------------------|
| SUBJECT: Good Livin | • | | | | | | |
| SOBJECT. | | sulting Florida Lim | ited Cor | npany) | | | |
| The enclosed Articles Business Entity" into a | of Conversion, Artic a "Florida Limited Li | les of Organizatiability Compan | tion, an y" in a | nd fees are submitted to concordance with s. 605.104 | nvert an ' 5, F.S. | 'Other | • |
| Please return all corres | spondence concernin | g this matter to: | | | | | |
| Brian White | | | | | | | |
| <u> </u> | (Contact Person) | | _ | | | | |
| Good Living Guide LLC | | | | | | | |
| | (Firm/Company) | | | | | | |
| 5753 Hwy 85 N #4088 | | | | | | | |
| | (Address) | | - | | | | |
| Crestview, FL 32536 | (**=====, | | | | | | |
| (Ci | ty, State and Zip Code) | | _ | | | | |
| contact@goodlivingguid | e.com | | | | | | |
| E-mail Address: (to be | used for future annual re | port notifications) | - | | | | |
| For further information | n concerning this ma | tter, please call: | | | | | |
| Brian White | | at (404 | \ 585- | 1394 | | | |
| (Name of Contact | Person) | | _/) (Day | time Telephone Number) | | | |
| dollars and drawn on a | bank located in the | United States) | process | sed by this office must be p | oayable ir | ı US | |
| | □\$155.00 Filing Fees and Certificate of Status | □\$180.00 Filing and Certified Co | | ☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status | | | |
| _ , | | | | | <u>i</u> - | 2023 HAR | |
| Mailing Addre | | | | Address: | ALE 332 | 55. | E |
| New Filing Sec Division of Cor | | | | Filing Section | >5 | スリ | (4) 1400 (4) 1400 |
| P.O. Box 6327 | porations | | DIVISI | on of Corporations entre of Tallahassee | 동쪽 | ယ | ຢູ່ ສະເລ |
| Tallahassee, FL | , 32314 | | 24151 | N. Monroe Street, Suite 81 assee, FL 32303 | OF ST | AH 9: | ; 1 (|

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: Good Living Guide LLC |
|--|
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a Limited Liability Company Center entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.) |
| (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) |
| 4-18-2016 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: |
| Good Living Guide LLC |
| (Enter Name of Florida Limited Liability Company) |
| 4. If not effective on the date of filing, enter the effective date: |
| (I he 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.) |
| 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. |
| 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. |

2023 MAR -3 AM 9: 19 SECRETARY DE STATE

| Signed this 8th day of February | 20_23 |
|---|---------------------------------------|
| Signature of Authorized Representative of Lim | ited Liability Company: |
| Signature of Authorized Representative: Printed Name: Brian White | |
| Signature(s) on behalf of Other Business Entity; | [See below for required signature(s)] |
| Signature: Right | |
| Printed Name BRIAN WHITE | Title: SOLE MEMBER |
| Signature: | |
| Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |
| If Florida Corporation: | |
| Signature of Chairman, Vice Chairman, Director, or | Officer. |
| If Directors or Officers have not been selected, an Inc | corporator must sign. |
| If Florida General Partnership or Limited Liabili Signature of one General Partner. | ty Partnership: |
| If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners. | ty 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) |

2023 MAR -3 AM 9: 19
SECRETARY OF STATE
TALLAHASSES, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | | |
|---|--|--|
| Good Living Guide LLC | | |
| (Must contain the words "Limited Liability | y Company, "L.L.C.," or "L.L.C.") | |
| ARTICLE II - Address: The mailing address and street address of the pr | incipal office of the Limited Lia | ability Company is: |
| Principal Office Address: | Mailing Address: | |
| 5753 HWY 85 N #4088 | 5753 HWY 85 N #4088 | |
| Crestview, FL 32536 | Crestview, FL 32536 | |
| | | |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the re Brian White Name 5753 HWY 85 N #4088 | ered Agent. You must designate an individe egistered agent are: | Signature: fual or another |
| Florida street address (P.O. | Box NOT acceptable) | |
| Crestview | FL 32536 | |
| City | Zip | |
| Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacistatutes relating to the proper and complete paccept the obligations of my position as registered Agent's Sign | this certificate, I hereby accept to ity. I further agree to comply with the performance of my duties, and I actistered agent as provided for in (| he appointment as h the provisions of all m familiar with and |
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The name and address of each person authorized to manage and control the Limited Liability Company:

| "AMBR" = Authorized Member | Name and Address: |
|--|---|
| "MGR" = Manager | |
| AMBR | Brian White |
| ANDIX | 5753 HWY 85 N #4088 |
| | Crestview, FL 32536 |
| | 0.00141041,112.02000 |
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| LE V: Other provisions, if any. | |
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| LE V: Other provisions, if any. | ZUZ3 HA SECRE TALL |
| LE V: Other provisions, if any. | SECRETALLA |
| REQUIRED SIGNATURE: | |
| REQUIRED SIGNATURE: Signature of a member or | an authorized representative of a member |
| REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance | an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, Lambaware the |
| REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance | an authorized representative of a member |
| REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document in a docum | an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, Lambaware the |

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)