# 123000225393

(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:
W2300057754

Office Use Only



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03/29/23--01004--017 \*\*150.00

23 MAR 29 AM 1:5: SECREINAN DE SIAN



April 20, 2023

REGISTERED AGENTS INC 7901 4TH ST N STE 300 ST. PETERSBURG, FL 33702 US

SUBJECT: THE FINANCIAL HERO LLC

Ref. Number: W23000057754

We have received your document for THE FINANCIAL HERO LLE and your check(s) totaling \$150.00. However, the enclosed document has not been and is being returned for the following correction(s):

An individual must sign on behalf of the business entity you have designated as the registered agent.

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.

ARCEDRA JOHNSON Regulatory Specialist II

Letter Number: 023A00008861

### **COVER LETTER**

TO: New Filing Section
Division of Corporations

SUBJECT: The Financial Hero Unlocked LLC

(Name of Resulting Florida Limited Company)

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

Please return all correspondence concerning this matter to:

Registered	Agents Inc					
	(Contact Person)	· · · · · · · · · · · · · · · · · · ·				
	(Firm/Company)					
7901 4th St	NSTE 300			TAI S	23	
	(Address)			ECH ECH	3 MAR	
St. Petersbu	rg, FL 33702			E E E	1R 29	Ī
·	City, State and Zip Code)	· · · · · · · · · · · · · · · · · · ·		- SE	9	Į
eastern@reg	gisteredagent	sinc.com		<u></u>	7	
E-mail Address: (to b	e used for future annual re	port notifications)		25	<del></del>	کر.
For further informati	on concerning this ma	tter, please call:		Ę#	52	
Filings Team	1	at ( 509 ) 768	3-2249			
(Name of Conta	act Person)	<del></del>	ytime Telephone Number)	_		
	or the following amou a bank located in the		sed by this office must	be payal	ole in	US
<ul><li></li></ul>	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status			
		.00				

### **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"

nto

# 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:  The Financial Hero LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Company
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of Georgia  (Enter state, or if a non-LLS, entity, the name of the country)
(blue state, or the town-old, the tange of the
<sub>on</sub> 11/08/2022
on TI/UO/ZUZZ (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
The Financial Hero Unlocked LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
(The 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.)
<u>Note:</u> 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.

\$30.00 (Optional)

\$5.00 (Optional)

Certified Copy:

Certificate of Status:

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

The Financial Hero Unlocked LLC  (Must contain the words "	mited Liability Company, "L.L.C.," or "L.L.C.")	
ARTICLE II - Address:		
The mailing address and street addr	s of the principal office of the Limited Liability Company	15:
Principal Office Address:	Mailing Address:	
7901 4th St N STE 300	7901 4th St N STE 300	
St. Petersburg FL 33702	St. Petersburg FL 33702	
	r it u	
ARTICLE III - Registered Agent	Registered Office, & Registered Agent's Signatures	
ARTICLE III - Registered Agent (The Limited Liability Company cannot serve a business entity with an active Florida registrat The name and the Florida street add	Registered Office, & Registered Agent's Signatures its own Registered Agent. You must designate an individual infanother it.)	
(The Limited Liability Company cannot serve a business entity with an active Florida registrat	Registered Office, & Registered Agent's Signatures is own Registered Agent. You must designate an individual manother in.)  ess of the registered agent are:	
(The Limited Liability Company cannot serve a business entity with an active Florida registrat  The name and the Florida street add	Registered Office, & Registered Agent's Signatures is own Registered Agent. You must designate an individual manother in.)  ess of the registered agent are:	
(The Limited Liability Company cannot serve a business entity with an active Florida registrat  The name and the Florida street add	Registered Office, & Registered Agent's Signatures its own Registered Agent. You must designate an individual offinother in.)  ess of the registered agent are:    January	
(The Limited Liability Company cannot serve a business entity with an active Florida registrat  The name and the Florida street add  Registered A  7901 4th St	Registered Office, & Registered Agent's Signatures its own Registered Agent. You must designate an individual offinother in.)  ess of the registered agent are:    January	
(The Limited Liability Company cannot serve a business entity with an active Florida registrat  The name and the Florida street add  Registered A  7901 4th St	Registered Office, & Registered Agent's Signatures as own Registered Agent. You must designate an individual off another assorting to the registered agent are:    Sess of the registered agent are:	

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	Name and Address:	
"MGR" = Manager		
MGR	Lois Joseph	
	7901 4th St N STE 300	
	St. Petersburg FL 33702	_
AMBR	Lois Joseph	
<del></del>	7901 4th St N STE 300	
	St. Petersburg FL 33702	_
		<u> </u>
. <u></u>	ACC.	- - 23 -
(Use attachment if necessary)	ALLASSI MASSI	MAR 29
CLE V: Other provisions, if any.	96 j. 3A	AM II
	5.22	2

# **REQUIRED SIGNATURE:**

Robin Jany

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.

Robin	Jones

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)