(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:

Office Use Only



600410280556



Ü6/16/73---01003---003 ••300.00

Advanced Incorporating Service

1317 California Street P.O. Box 20396 Tallahassee, FL 32316 Phone: 850-222-CORP Fax: 850-575-2724 Email: wlopez@aisincfl.com Website: www.aisincfl.com

NAME OF ENTITY /
Freedom Accelerator Inc.

FOR OFFICE USE ONLY
PICK ONE:
CERTIFIED COPYPHOTOCOPYC.U.S.
FILING:
CORPORATIONLLCLIMITED PARTNERSHIPGENERAL PARTNERSHIP
FICTITIOUS NAMESERVICEMARK/TRADEMARKAMENDMENT
FOREIGN QUALIFICATIONJUDGMENT LIEN
OTHER CONVENSION
RETRIEVAL:
GOOD STANDING CERT/C.U.SCERTIFIED COPYPHOTOCOPY
Of
APOSTILLE/NOTARY CERTIFICATION REQUEST:
Country
Amount of Documents
DATE 6/15/2-3 TIME
Notes:

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: FREEDOM ACCELERATOR INC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation (Enter 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)
7/27/2022 on .
(date of organization, formation or incorporation)
FREEDOM ACCELERATOR, 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.)
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.

SECRETARY OF STATE

Signed this 15th	day of June	20 <u>23</u>
Signature of A	uthorized Representative of	Limited Liability Company:
Signature of Au Printed Name: P	ithorized Representative: <u>F</u>	aul Dong Title: Manager
		tity: [See below for required signature(s)]
Signature:	Paul Dono	
Printed Name: P	aul Dong	Title: President
Printed Name:_		Title:
C:		
Printed Name:		Title:
Signature:		Title:
Printed Name:_		IRIE:
Signature:		
Printed Name:_		Title:
Signature		
Printed Name:_		Title:
If Florida Corp Signature of Cha	oration: airman, Vice Chairman, Direct	or or Officer
	Officers have not been selected,	
If Florida Gene Signature of one	ral Partnership or Limited L General Partner.	<u>.iability Partnership:</u>
orginature or one	General Farther.	
If Florida Limi Signatures of Al	<u>ted Partnership or Limited L</u> L <u>L</u> General Partners.	iability Limited Partnership:
All others: Signature of an a	nuthorized person.	
Fees:		
Articles	of Conversion:	\$25.00
	Florida Articles of Organizat	
Certified		\$30.00 (Optional)
Certifica	ite of Status:	\$5.00 (Optional)

SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N	lame:		
The name of the	Limited Liability Comp	pany is:	
FREEDOM ACCE	FLERATOR LLC		
		d Liability Company, "L.L.C.," or "L	EC.")
·			
ARTICLE II - A			
The mailing add	ress and street address o	f the principal office of the I	Limited Liability Company is:
Principal Office	: Address:	Mailing Address:	
4711 S HIMES A\	/E		
UNIT 1909			
TAMPA, FL 3361	<u> </u>		
business entity with a	an active Florida registration.)	wn Registered Agent. You must design of the registered agent are:	nate an individual of another
		Name	
	4711 S HIMES AVE U	NIT 1909	
		ss (P.O. Box <u>NOT</u> acceptabl	<u>e)</u>
	TAMPA	FL 33611	
	City	Zip	
liability con registered ager statutes relat	npany at the place design nt and agree to act in this ing to the proper and con obligations of my position	pated in this certificate, I hero s capacity. I further agree to	

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
MGR	PAUL DONG	
	4711 S HIMES AVE UNIT 1909	
	TAMPA, FL 33611	
		
	-	
		
	-	
(Use attachment if necessary)		
LE V: Other provisions, if any.		
City . Other provisions, it ality.		
		

Paul Dong

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.

PAUL DONG

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)