

L23000369426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

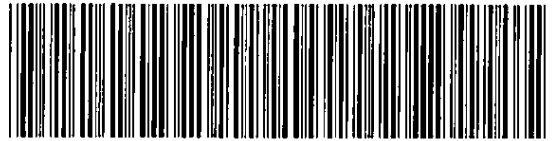
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2023 JUL -5 PM 9:12
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations
State of Florida and LLC
SUBJECT:

(Name of Resident 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. 605.1635, F.S.

Please direct all correspondence concerning this matter to:

(Name of Agent)

(Filing Office Address)

(Address of Agent)

(Address of Agent)

(City, State, and Zip Code)

(City, State, and Zip Code)

(City, State, and Zip Code)

(City, State, and Zip Code)

(City, State, and Zip Code)

(City, State, and Zip Code)

Mailing Address:
New Filing Section
Division of Corporations
P.O. Box 6227
Tallahassee, FL 32303

Street Address:
New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TALLAHASSEE, FL 32303

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Articles of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

1. 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.

2. The "Other Business Entity" immediately prior to the filing of the Articles of Conversion is

a. Name of "Other Business Entity" _____
LLC

b. The "Other Business Entity" is a _____
(Select one: corporation, limited partnership, general partnership, common law or business trust, etc.)
Florida

c. It was created, formed or incorporated under the laws of _____
(Enter date of creation of U.S. entity, the name of the country)

d. The "Other Business Entity" is a _____
(Select one: partnership, sole proprietorship, etc.)

3. The "Other Business Entity" is converted into a Florida Limited Liability Company as set forth in the attached Articles of Organization.

a. Name of Florida Limited Liability Company _____

b. The effective 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.)

Date _____ (If it does not meet the applicable statutory filing requirements, this date will not be listed as the effective date of State's records)

8. The conversion of the "Other Business Entity" has been approved in accordance with all applicable statutes.

9. The "Other Business Entity" has agreed to pay any members having appraisal rights the amount to which they are entitled under ss. 605.1006 and 605.1061, 605.1072, F.S.

State of FL

City of Miami

2022

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: [Signature]
Printed Name: [Name] Title: Manager

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature: [Signature]
Printed Name: [Name] Title: Manager

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

If Florida Corporation:

Signature: _____ Chairman, Director, or Officer
If no officer has been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature: _____ Partner

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signature: ALL General Partners

All others:

Signature: _____ authorized person

Fees:

Articles of Conversion	\$25.00
Fee for Florida Articles of Organization	\$125.00
Certified Copy	\$30.00 (Optional)
Certificate of Status	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EVERNIVE COUNSELING LLC

The name of the Limited Liability Company is Evernive Counseling LLC

ARTICLE II - Address:

The principal office and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Evernive Counseling LLC

2043 Little Road

Trinity, FL 34655

Mailing Address:

Evernive Counseling LLC

2043 Little Road

Trinity, FL 34655

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The person or entity designated as the Registered Agent must designate an individual or another entity to act as the Registered Agent.

The Florida street address of the registered agent are:

Louise de Graaf

Name

2043 Little Road

Florida street address (P.O. Box NOT acceptable)

Trinity

34655

FL

City

Zip

I, Louise de Graaf, do hereby 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 laws and regulations relating to my 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.

Louise de Graaf

Registered Agent's Signature (RE-REQUIRED)

(CONTINUED)

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

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ARTICLE IV-

Name and address of each person authorized to manage and control the Limited Liability Company.

Title:

MEMBER
General Member

Name and Address:

Leone de Luna
1015 11th Street
Dunwoody, FL 33426

if necessary.

ARTICLE V- Other persons, if any

REQUIRED SIGNATURE:

[Signature]

Signature of a member or an authorized representative of a member

I, _____, do hereby certify that I am a member of the Limited Liability Company and I am aware that the Department of State constitutes a third degree felony.

[Signature]

Typed or printed name of signer

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)

2023 JUL -5 PM 9:10
TALLAHASSEE, FL 32301
Filing Office