L23000369426

(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

700413516887

07/05/23--01025--004 **105.00

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: [illegible] 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:

[illegible]

Address

(City, State, Zip Code)

(... for annual report notifications)

For further information concerning this matter, please call:

225 522-0685
at ( )
(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars ... banks located in the United States)

☐ [illegible] ☐ [illegible] Filing Fees ☐ $[illegible] Filing Fees and Certified Copy ☒ $155.00 Filing Fees, Certified Copy, and Certificate of Status

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

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

[illegible] **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.

[illegible] Business Entity immediately prior to the filing of the Articles of Conversion is

[illegible]
LLC

[illegible]
(Enter corporation, limited partnership, general partnership, common law or business trust, etc.)

Florida

[illegible] or incorporated under the laws of ____
(Enter state, or if a non-U.S. entity, the name of the country.)

[illegible]

[illegible] Limited Liability Company as set forth in the **attached Articles of Organization:**

[illegible]
(Name of Florida Limited Liability Company)

[illegible] 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: [illegible] does not meet the applicable statutory filing requirements, this date will not be listed as the [illegible] Department of State's records.

[illegible] been approved in accordance with all applicable statutes.

[illegible] Business Entity" has agreed to pay any members having appraisal rights the amount to [illegible] entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

[illegible] day of August [illegible], 20[illegible]

Signature of Authorized Representative of Limited Liability Company:

[illegible] Representative: [signature]
[illegible] Title: Manager

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

Signature: [signature]
Printed Name: [illegible] 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 [illegible] Chairman, Director, or Officer
[illegible] been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:
[illegible]

If Florida Limited Partnership or Limited Liability Limited Partnership:
Signatures of **ALL** [illegible] Partners

All others:
Signature of an 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

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
[illegible] LLC	Everdrive Counseling LLC
[illegible]	2043 Little Road
[illegible]	Trinity, FL 34655

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

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

Louise de Graaf
Name

2043 Little Road
Florida street address (P.O. Box NOT acceptable)

Trinity FL 34655
City Zip

I hereby accept 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)

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TALLAHASSEE, FLORIDA

ARTICLE IV -

[illegible] address of each person authorized to manage and control the Limited Liability [illegible]

Title:

Name and Address:

[illegible]
[illegible]
[illegible]

[illegible] necessary.

ARTICLE V - [illegible]

REQUIRED SIGNATURE:

[illegible]

Signature of a member or an authorized representative of a member

[illegible] Section 605.0207(4), Florida Statutes, I am aware that [illegible] of the Department of State constitutes a third degree felony.

[illegible]

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)

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TALLAHASSEE, FLORIDA