# L23000383199

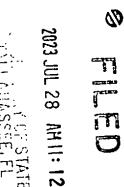
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200413017382

07/29/28--01028--003 \*\*150.00



### **COVER LETTER**

TO:	New Filing Se Division of Co								
SUBJ	ECT. Love Truth	Living LLC							
SUDJ	ECT:	(Name of Res	ulting	Florida Lim	ited Com	pany)			
						d fees are submitted to ecordance with s. 605.			her
Please	return all corre	spondence concerning	g this	matter to:					
Northwe	est Registered Age	ent LLC							
		(Contact Person)			_				
· · · · · ·		(Firm/Company)		_	<del></del> -				
7901 41	h St. N. STE 300				_				
		(Address)							
St. Pete	ersburg, FL 33702				_				
	(C	City, State and Zip Code)			_				
eastern	@northwestregiste	eredagent.com							
E-m	nail Address: (to be	e used for future annual re	port no	tifications)	_				
For fu	rther informatio	on concerning this ma	tter, p	lease call:					
Filings	Team		at (	509	768	-2249			
	(Name of Conta	ct Person)		(Area Code	(Day	time Telephone Number)	_		
		or the following amou a bank located in the			process	sed by this office must	be payat	ole in U	IS
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles nization)	S155.00 Filing Fees and Certificate of Status		180.00 Filin Certified Co		☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status	NATE AND A	2023 JUL ;	4
	Mailing Addi New Filing So Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7			New I Divisi The C 2415	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suit nassee, FL 32303	ASSEE, FL 816	28 AHII: 12	LED

## **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:  Love Truth Living 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.)
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
09/01/2021
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Love Truth Living 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 mount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072. F.S.

Signed this 27th day of July	20 <u>23</u> .		
Signature of Authorized Representative	of Limited Liability Company:		
Signature of Authorized Representative:	Villanue Merica Title: Member		
Signature(s) on behalf of Other Business E	Entity: [See below for required signatur	e(s)	
Printed Name: Veronica Nieves	Title: Member		
Signature:Printed Name:	Title:		
Signature: Printed Name:	Title:		
Signature:Printed Name:	Title:	···	
Signature:Printed Name:	Title:		
Signature:Printed Name:	Title:	<u>.</u>	
If Florida Corporation: Signature of Chairman, Vice Chairman, Dire If Directors or Officers have not been selected.			
If Florida General Partnership or Limited Signature of one General Partner.	Liability Partnership:		
If Florida Limited Partnership or Limited Signatures of ALL General Partners.	Liability Limited Partnership:		
All others: Signature of an authorized person.		WE	2023 JUL 28
Fees:			L 28
Articles of Conversion:	\$25.00	SSEI	AH

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: 2023 IIII 28 AMII:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

mpany is:  mited Liability Company, "L.L.C.," or "LLC.")  s of the principal office of the Limited Liability Company is:  Mailing Address:  2108 N ST STE N  Sacramento CA 95816  Registered Office, & Registered Agent's Signature: as own Registered Agent. You must designate an individual or another as of the registered agent are:
Mailing Address:  2108 N ST STE N  Sacramento CA 95816  Registered Office, & Registered Agent's Signature: ts own Registered Agent. You must designate an individual or another)
Mailing Address:  2108 N ST STE N  Sacramento CA 95816  Registered Office, & Registered Agent's Signature: ts own Registered Agent. You must designate an individual or another)
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Sacramento CA 95816  Registered Office, & Registered Agent's Signature: ts own Registered Agent. You must designate an individual or another)
Registered Office, & Registered Agent's Signature: ts own Registered Agent. You must designate an individual or another)
ts own Registered Agent. You must designate an individual or another)
ss of the registered agent are:
55 Of the registered agent are.
Agent LLC
Name
00
Iress (P.O. Box <u>NOT</u> acceptable)
FL <sup>FL</sup>
y Zip
gent and to accept service of process for the above stated limited signated in this certificate. I hereby accept the appointment as this capacity. I further agree to comply with the provisions of all complete performance of my duties, and I am familiar with area tion as registered agent as provided for in Chapter 5. F.S  gent's Signature (REQUIRED)
gent and to accept service of process f signated in this certificate. I hereby ac this capacity. I further agree to comp complete performance of my duties, a tion as registered agent as provided fo

#### ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

MGR" = Manager	er
MGRM	Veronica Nieves
<del></del>	7901 4th St N STE 300
	St. Petersburg FL 33702
E V: Other provisions, if any.	
REQUIRED SIGNATURE:	
	0 1 12 6 1
Not gr	
Signature of a memb	per or an authorized representative of a member ordance with section 605.0203 (1) (b), Florida Statutes. I am aware a document to the Department of State constitutes a third degree fellows.
Signature of a memb This document is executed in accounty false information submitted in	per or an authorized representative of a member.  ordance with section 605.0203 (1) (b), Florida Statutes. I am aware to a document to the Department of State constitutes a third degree fellows.

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)