La3000472248

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

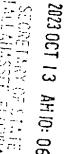
Office Use Only



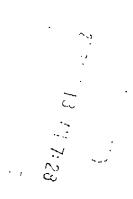
400416566424

S. CHINTHAM

OCT 18 2023



RECEIVED



Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE10/13/202	23	**WALK IN**
ENTITY NAME OU	TTHINKER LLC	
DOCUMENT NUMI	BER	
	PLEASE FILL	E THE ATTACHED AND RETURN
	Plain Copy	
XXXXXXXXX	Certified Copy	
XXXXXXXX	Certificate of Statu	ug and the state of the state
	PLEASE OBTAIN TH	HE FOLLOWING FOR THE ABOVE ENTITY
	Certified Copy of A	Arts & Amendments
		Arts & Amendments Complete File (Including Annual Reports)
	Certificate of Stata	
	Certificate of Statu	us Reflecting:
	APOSTILLE	'/NOTARIAL CERTIFICATION
COUNTRY OF DEST	TNATION	
NUMBER OF CERTI		
TOTAL OWED \$_18	35.00	ACCOUNT # 120160000072 4: 1
Please call Tina	at the above number fo	for any issues or concerns. Thank you so much!

COVER LETTER

TO:	New Filing S Division of C				
CHDI	ECT: Outthink	•			
зова	EC1:		sulting Florida Lin	nited Cor	mpany)
					nd fees are submitted to convert an "Othe accordance with s. 605.1045, F.S.
Please	return all corr	espondence concernin	g this matter to):	
Kaihar	n Krippendorff				
		(Contact Person)			
Outthir	nker Strategy N	etwork			
		(Firm/Company)		_	
6121 5	SW 104th Street	t .			
•		(Address)		_	
Dinggan	EL 221EC	(, tomovin,			
Pineci	est, FL 33156	O'. C. 15" O 1			
loiban		City, State and Zip Code)			
	@outthinker.co				
E-m	ail Address: (to t	be used for future annual re	port notifications)		
For fu	rther informati	on concerning this ma	tter, please call	:	
Gregg	J. Lallier, Esq.		at (²⁰³	786-	8313
	(Name of Conta	ict Person)		e) (Day	ytime Telephone Number)
		for the following amou a bank located in the	*	proces	sed by this office must be payable in US
(\$25 for & \$125	0.00 Filing Fees Conversion for Articles nization)	□\$155.00 Filing Fees and Certificate of Status	□\$180,00 Filir and Certified C		■\$185,00 Filing Fees. Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee, I	ection Corporations 17		New Divis The C	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810
				Tallal	hassee, FL 32303

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: The Strategy Learning Center, 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
(Enter state, or if a non-U.S. entity, the name of the country)
October 19, 2015
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Outthinker 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.



Signed this 12th day of October	20 <u>23</u>
Signature of Authorized Representative of Limi	ited Liability Company:
December by	in a laft
Signature of Authorized Representative: kallan kr	yracani
Printed Name: Kaihan Krippendorff	Title: Managing Member
Signature(s) on behalf of Other Business Entity:	
Signature: Kalian krypindoff	
Signature: Failan Frynndoff Printed Name: Kaihan Krippendorff	Title: Managing Member
Signature:	
Printed Name:	Title:
Timed Name.	
Signature:	
Printed Name:	Title:
Signaturo	
Signature: Printed Name:	Title:
7711100 77011101	
Signature:	
Printed Name:	Title:
Ci-matura.	
Signature:Printed Name:	
Timed Name.	
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an In-	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Dortnorchin.
Signature of one General Partner.	ty raithership.
organization of one obtains a similar	
<u>If Florida Limited Partnership or Limited Liabili</u>	ty Limited Partnership:
Signatures of ALL General Partners.	
A.D	
All others: Signature of an authorized person.	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees 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

Outthinker LLC	·	
(Must contain the words "Limited L	iability Company, "L.L.C.," or "LI.C.")	
ARTICLE II - Address:	1	hilian Campanyin
The mailing address and street address of t	ne principal office of the Limited Lia	onity Company is:
Principal Office Address:	Mailing Address:	
6121 SW 104th Street	6121 SW 104th Street	
Pinecrest, FL 33156	Pinecrest, FL 33156	
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own	tered Office, & Registered Agent's	Signature:
business entity with an active Florida registration.)	Registered Agent. For must designate an individu	· · ·
The name and the Florida street address of	the registered agent are:	- (-))
Kaihan Krippendorff		
	Name	Ço
6121 SW 104th Street		
	(P.O. Box NOT acceptable)	ت. ب ر دع
Pinecrest	FL 33156	co
City	Zip	
Having been named as registered agent of liability company at the place designa	and to accept service of process for the ted in this certificate, I hereby accept to	
registered agent and agree to act in this c	capacity. I further agree to comply with	h the provisions of all
statutes relating to the proper and comp	plete performance of my duties, and I a as registered agent as provided for in C	
— DocuSaned by	is registered agent as provided for in C	snapier (ms, i .s
kailian krippendon	F	
Registered Agent's	Signature (REQUIRED)	

(CONTINUED)

ARTICLE IV-

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

<u>Fitle:</u> 'AMBR" = Authorized Member	
MGR" = Manager	
AMBR	Kaihan Krippendorff
	6121 SW 104th Street
	Pinecrest, FL 33156
·	
Use attachment if necessary)	
E V: Other provisions, if any.	
	igned by.
Signature of a member or This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am awa
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. Kaihan Krippendorff	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am awament to the Department of State constitutes a third degree
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. Kaihan Krippendorff	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am awa