# L23000554704

(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
1

Office Use Only



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October 20, 2023

JIM OLIVER 19929 MONTSERRAT LN ESTERO, FL 33928 US

SUBJECT: CREATETAILWIND, LLC Ref. Number: W23000143666

We have received your document for and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

There is a fee of \$125.00 due.

The Certificate of Conversion must contain the name of the limited liability company as set forth in the attached articles of organization.

If you have any further questions concerning your document, please call (850) 245-6052.

KAIN COSTELLO Regulatory Specialist II New Filing Section

Letter Number: 823A00024326

## **COVER LETTER**

TO: New Filing S Division of O				
	c Financial Group, LLC			
30bJEC1	(Name of Re	sulting Florida Lim	ited Cor	mpany)
				nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all corn	respondence concernin	g this matter to:		
Jim Oliver				
(Contact Person)			_	
Strategic Financial Group, LLC DBA as Createtailwind				
	(Firm/Company)		_	
19929 Montserrat Lan	ne			
	(Address)		_	
Estero FL 33928				
(	City, State and Zip Code)		_	
jimoliver@createtailwi	ind.com			
E-mail Address: (to l	be used for future annual re	port notifications)	_	
For further informat	ion concerning this ma	tter, please call:		
Jim Oliver		at ( <sup>239</sup>	777-	3624
(Name of Cont	act Person)	(Area Code	) (Day	rtime Telephone Number)
Enclosed is a check dollars and drawn or	for the following amound a bank located in the	int: (All checks United States)	proces:	sed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add				t Address:
New Filing S				Filing Section
Division of C	corporations		DIVIS	ion of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

## **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: Strategic Finacial Group, LLC
(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.)
First organized, formed or incorporated under the laws of South Dakota  (Enter state, or if a non-U.S. entity, the name of the country)
<b>0</b> 1/2009
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Greatetailwind, 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 22 day of	of September	20 <b>25</b>	
Signature of Authorized R	epresentative of Lim	nited Liability Company:	
Signature of Authorized Rep	aracantatura (		
Printed Name: Jim Oliver	nesenianve.	Title: Founder + O.C.T.	
Emes Ci	iver	Title: Founder + QED	
		See below for required signature(s)	
		(8)/	
Signature:	<i>y</i>		
<b>\</b>	mmy s other i	Title: Chairman / Mary	My Member
Signature:	·		
Printed Name:		Title:	
Simmatura.			
Printed Name:		Title:	
rimed Name.	<del></del>	riue:	
Signature:			
Printed Name:	-	Title:	
Signature:			
Printed Name:	·	Title:	
Signature:		Title:	
Printed Name:		Title:	
If Florida Corporation: Signature of Chairman, Vice If Directors or Officers have r			
If Florida General Partners Signature of one General Part		ity Partnership:	
If Florida Limited Partners Signatures of <u>ALL</u> General P	<u>hip or Limited Liabili</u> artners.	ty Limited Partnership:	
All others: Signature of an authorized per	rson.		
Fees:			
Articles of Conversion	ın.	\$25.00	
Fees for Florida Artic		\$125,00	
Certified Copy:	nes or organization.	\$30.00 (Optional)	
Certificate of Status:		\$5.00 (Optional)	
		· / - F	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Createtailwind, LLC	ALCARENCE THE PROPERTY OF
(Must contain the Words   Diffile	d Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address o	f the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
19929 Montserrat lane Estero PL 32928	19929 Montgerat Lane Estero FL 33928

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

James Oliver		
N	lame	
19929 Montserrat Lane		
Florida street address (P.O. Box <u>NOT</u> acceptable)		
Estero	FL 33928	
City	Zip	

Having been named 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)

## ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Jim Oliver
	19929 Montserrat Lane
	Estero FL 33928
<del></del>	
	100
(Use attachment if necessary)	
ARTICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	702
Signature of a member or a	n authorized representative of a member
This document is executed in accordance to	with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felony
Ţ.	) un Olive
Tvr	ped or printed name of signee
ту,	Filing Fees
\$125.00 Filing Fee for Articles of	f Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional	al) \$ 5.00 Certificate of Status (Optional)

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