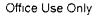
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
Special instructions to	rining Officer.	
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03/12/24--0103 --015 ++185.00

Car Tan Fal

COVER LETTER

Division of Corporations	
SUBJECT: UNIOCK AUGS M (Name of Resulting Florida Line	
The enclosed Articles of Conversion, Articles of Organiza Business Entity" into a "Florida Limited Liability Compar	
Please return all correspondence concerning this matter to	:
Mackenson Joseph (Contact Person)	
unlockall95m//c (Firm/Company)	_
1438 NE 163 Street (Address)	_
North meam? Beach 33 162 (City, State and Zip Code)	_
Un/OCK all asmil Damail (O E-mail Address: (to be used for future annual report notifications:	<u>m</u>
For further information concerning this matter, please call	1.3
Macken Son Joseph at (1 (Name of Contact Person) (Area Cod	e) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks jollars and drawn on a bank located in the United States)	processed by this office must be payable in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization S150.00 Filing Fees and Certificate of Status	
Mailing Address:	Street Address:
New Filing Section Division of Corporations	New Filing Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 3, 2024

MCKENSON JOSEPH 1438 NE 163 ST N MIAMI BEACH, FL 33762 US

SUBJECT: UNLOCK ALL GSM LLC

Ref. Number: W24000053513

We have received your document for and your check(s) totaling \$185.00. 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.

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

KAIN COSTELLO Regulatory Specialist II New Filing Section

Letter Number: 224A00007160

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the f	ollowing
"Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1	045. Florida
Statutes.	
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Con- UNIOCKALL 9.5 m // C (Enter Name of Other Business Entity)	version is:
i	
2. The "Other Business Entity" is a	
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or bus	siness trust, etc.
First organized, formed or incorporated under the laws of Delawore	
(Enter state, or if a non-U.S. entity, the name of the	ecountry)
03-7d-2023	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Or	ganization:
Unlockalla Sm // (Enter Name of Florida Limited Liability Company)	
(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 00 calenda	r 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	licted ac the
document's effective date on the Department of State's records.	nsted as the
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 which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	ne amount to

Signature of Authorized Representative of	
Signature of Authorized Representative: M Printed Name: Mackenson Joseph	ackenson Joseph Title: Mr
Signature(s) on behalf of Other Business Enti	ty: See below for required signatur
Signature: Mackenson Joseph Printed Name: Mackenson Joseph	N
Printed Name: Mockerson Toseph	Title: Mariager
Signature:	
Signature:Printed Name:	Title:
Signature: Printed Name:	
Printed Name:	Title
Signature:Printed Name:	Title:
Timed Name.	rmc
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director	r, or Officer.
If Directors or Officers have not been selected,	
	ahility Partnarchin
If Florida Congral Partnership or Limited Li	avinty i artifersing.
If Florida General Partnership or Limited Li Signature of one General Partner.	
Signature of one General Partner.	
Signature of one General Partner. If Florida Limited Partnership or Limited Li	ability Limited Partnership:
Signature of one General Partner.	ability Limited Partnership:
Signature of one General Partner. If Florida Limited Partnership or Limited Li Signatures of ALL General Partners. All others:	ability Limited Partnership:
Signature of one General Partner. If Florida Limited Partnership or Limited Li. Signatures of ALL General Partners.	ability Limited Partnership:
Signature of one General Partner. If Florida Limited Partnership or Limited Li Signatures of ALL General Partners. All others:	ability Limited Partnership:
Signature of one General Partner. If Florida Limited Partnership or Limited Li. Signatures of ALL General Partners. All others: Signature of an authorized person. Fees:	
Signature of one General Partner. If Florida Limited Partnership or Limited Li. Signatures of ALL General Partners. All others: Signature of an authorized person.	\$25.00
Signature of one General Partner. If Florida Limited Partnership or Limited Li Signatures of ALL General Partners. All others: Signature of an authorized person. Fees: Articles of Conversion:	\$25.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
unlockall CSM LLC.	
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Lia	bility Company is:
Principal Office Address: Mailing Address:	
1438 NE 163 Street North miami Beach 33 762 North miami B	treet each
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individ business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
Alland Joseph Name	
JA 85 NE 112 Street Florida street address (P.O. Box NOT acceptable)	
North miami FL 33 16d City Zip	
Having been named as registered agent and to accept service of process for the liability company at the place designated in this certificate, I hereby accept to registered agent and agree to act in this capacity. I further agree to comply with statutes relating to the proper and complete performance of my duties, and I a accept the obligations of my position as registered agent as provided for in the complete performance of my duties.	he appointment as h the provisions of a m familiar with and
Alland Joseph Registered Agent's Signature (REQUIRED)	
(CONTINUED)	

<u>Title:</u>	Name and Address:	
'AMBR" = Authorized Member		
MGR" = Manager	Mackenson Josep	<u>ل</u> م
MGR	- Mackey sorr Josep	11
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	<u>-</u>	
(Use attachment if necessary)		
Ose attachment if necessary)	1	
	Ì	
LE V: Other provisions, if any.	l l	
REOUIRED SIGNATURE:	ļ	
		
Mackenson	1 Joseph	
	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes! I am a	
any false information submitted in a docu	iment to the Department of State constitutes a third deg	ree f
as provided for in s.817.155, F.S.	\	
Mackenson	yped or printed name of signec	
Ту		
	Filing Fees	_
\$125.00 Filing Fee for Articles (\$30.00 Certified Copy (Option	of Organization and Designation of Registonal) \$ 5.00 Certificate of Status (O	
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ARTICLE IV-