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†
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
:- (Document Number)
Certified Copies Certificates of Status
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2024 HAY IL AH 9: 47

ALL SHARROOM CHARLES

WELL OF VED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Talinassee, FL 3230 Phone: 850-558-1500

ACCOUNT NO. : 120000000195

REFERENCE : 465515 4306601

AUTHORIZATION :

COST LIMIT : \$ 150.

ORDER DATE : May 10, 2024

ORDER TIME : 8:42 AM

ORDER NO. : 465515-010

CUSTOMER NO: 4306601

DOMESTIC AMENDMENT FILING

NAME: INSPIRED GENERATIONS, LLC

EFFECTIVE DATE:

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

RESTATED ARTICLES OF INCORPORATION

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF COOR 1

_____ CERTIFICATE OF GOOD STANDING

CONVERSION/ INCORPORATION

CONTACT PERSON: Shauna Godbolt -- EXT#

EXAMINER'S INITIALS:

COVER LETTER

	New Filing Se Division of Co						
SUBJE	Inchiend (Generations, LLC					
SOBJE	.CI:		ulting Florida Limi	ted Con	npany)	_	
		-	_		d fees are submitted to coordance with s. 605.		
Please r	return all corre	espondence concerning	g this matter to:				
DLR							
		(Contact Person)		-			
Barack	Ferrazzano Kin	schbaum & Nagelberg L	LP				
		(Firm/Company)		_			
200 W.	Madison St., S	te 3900					
		(Address)		-			
Chicago	o, IL 60606						
	((City, State and Zip Code)		_			
corpora	iteservices@bfl	rn.com					
E-ma	ail Address: (to b	e used for future annual re	port notifications)	-			
For furt	ther information	on concerning this ma	tter, please call:				
DLR			at (312	629-	5118		C.
	(Name of Conta	ct Person)	(Area Code) (Day	rtime Telephone Number)	2021 15	Ø
		or the following amou a bank located in the		process	sed by this office must	be payable in the	
(\$25 for	.00 Filing Fees Conversion for Articles nization)	\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing and Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	AH 9: 47 UF STATE SEE, FL	EO
	Mailing Add New Filing So Division of C P.O. Box 632 Tallahassee, F	ection orporations 7		New Divis	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suit	te 810	

Tallahassee, 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.

	The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: spired Generations, 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.)
Fi	rst organized, formed or incorporated under the laws of
on	1/23/2023
	(date of organization, formation or incorporation)
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
In	spired Generations, LLC
	(Enter Name of Florida Limited Liability Company)
(T	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 e date this document is filed by the Florida Department of State.)
No	ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument's effective date on the Department of State's records.
	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 30th day of April	20 24 .	
Signature of Authorized Representative of Limit	ted Liability Company:	
Signature of Authorized Representative: 30b Printed Name: Robin Cohen	Title: Authorized Person	-
Signature(s) on behalf of Other Business Entity:		
Signature: Abin Cohen Printed Name: Robin Cohen	Title: Authorized Person	- -
		_
Signature: Printed Name:		
Signature:Printed Name:	Title:	<u>-</u> -
Signature:Printed Name:	Title:	-
Signature: Printed Name:		
Signature:Printed Name:	_ Title:	- -
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.		
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership;	
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:	2024 P
All others: Signature of an authorized person.		2024 HAY 14
Fees:		AH 9: 47 SSEE, FL
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	9: 47 TATE FL

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465515-10

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N	ame:		
The name of the	Limited Liability Compa	any is:	
Inspired Generation			
(1	Must contain the words "Limited	Liability Company, "L.L.C.," or "LLC.	.")
ARTICLE II - A The mailing addr		the principal office of the Lin	nited Liability Company is:
Principal Office	Address:	Mailing Address:	
200 SE Mizner Bh	vd #205	200 SE Mizner Blvd #2	05
Boca Raton, FL 3	3432	Boca Raton, FL 33432	
			
business entity with a	an active Florida registration.)		_
		Name	
	1201 Hays Street		_
	Florida street addres	s (P.O. Box <u>NOT</u> acceptable)	
	Tallahassee	FL 32301	- <u> </u>
	City	Zip	2024
liability con registered agei statutes relat	npany at the place design nt and agree to act in this ing to the proper and con obligations of my position	nated in this certificate, I hereby capacity. I further agree to complete performance of my dutien as registered agent as providental foodbolt	ss for the above stated limited waccept the appointment as mappy with the provisions of all s, and I am familiar with and

(CONTINUED)

À	DΤ	10	I E	1V	
~	17 1		41		,

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	Robin Cohen
	200 SE Mizner Blvd #205
	Boca Raton, FL 33432
· ************************************	
(Use attachment if necessary)	
CLE V: Other provisions, if any.	

Signature of a member or an authorized representative of a member of this document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am available information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Robin Cohen

REQUIRED SIGNATURE:

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) 465515-15