# L241101256241

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
| ·                                       |
| (City/State/Zip/Phone #)                |
| (Oity/State/Zip/Fillone #)              |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
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|   |
| Special Instructions to Filing Officer: |
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95/24/24--01022--005 \*\*150.00



### **COVER LETTER**

| TO:               | New Filing<br>Division of                                  | Section<br>Corporations                               |                                      |  |   |
|-------------------|--|---|--------------------------------------|--|---|
| SUBJE             | ст. G  | ood Days with Good F                                  | People LLC                           |  |   |
| 300,1             |  | ·   | sulting Florida Lim                  | ed Company)  |   |
| The en<br>Busine  | closed Artic<br>ss Entity" in                              | les of Conversion, Artic<br>nto a "Florida Limited L  | eles of Organizat<br>iability Compan | on, and fees are submit<br>in accordance with s  | ited to convert an "Other<br>. 605.1045, F.S. |
| Please            | return all co  | rrespondence concernin                                | ig this matter to:                   |  |   |
| FIL               | ING TEAM   |   |                                      |  |   |
|                   |  | (Contact Person)                                      |                                      |  |   |
| Reg               | istered Age  | ents Inc  |                                      |  |   |
|                   | ·  | (Firm/Company)  |                                      |  |   |
| 7903              | L 4th St N S   | STE 300   |                                      |  |   |
|                   |  | (Address)   |                                      |  |   |
| St. Pe            | etersburg, F   | FL 33702  |                                      |  |   |
|                   |  | (City, State and Zip Code)                            |                                      |  |   |
| flfilin           | gs@registe   | eredagentsinc.com                                     |                                      |  |   |
| E-m               | ail Address: (t  | o be used for future annual re                        | eport notifications)                 |  |   |
| For fur           | ther informa   | ation concerning this ma                              | atter, please call:                  |  |   |
| Filing            | s Team   |   | at ( 307                             | , 200-2803   |   |
|                   | (Name of Co  | ntact Person)   | (Area Code                           | (Daytime Telephone Nu  | mber)   |
|                   |  | k for the following amoon a bank located in the       |                                      | rocessed by this office  | must be payable in US                         |
| (\$25 for & \$125 | ).00 Filing Fee<br>Conversion<br>for Articles<br>nization) | s S155.00 Filing Fees<br>and Certificate of<br>Status | ☐\$180.00 Filin<br>and Certified Co  |  | nd  |
|                   | P.O. Box 6   | Section<br>Corporations                               |                                      | Street Address: New Filing Section Division of Corporation The Centre of Tallaha 2415 N. Monroe Street Tallahassee, FL 32303 | ssee et. Suite 810                            |

# **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:  Good Days with Good People LLC  |
|---|
| (Enter Name of Other Business Entity)   |
| 2. The "Other Business Entity" is a   |
|   |
| First organized, formed or incorporated under the laws of   |
| 03/21/2023<br>On  |
| (date of organization, formation or incorporation)  |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:   |
| Good Days with Good People 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 14                                   | day of MAY   | 20_24   |
|--|--|---|
| Signature of Auth                                | orized Representative                                  | of Limited Liability Company:                 |
|  |  | anthony Daniels  Title: Authorized Member     |
|  |  | Entity: [See below for required signature(s)] |
| Signature. ant                                   | hony Daniels   |   |
| Printed Name: Antho                              | ony Daniels  | Title: Authorized Member                      |
| Signature:                                       |  |   |
| Printed Name:                                    |  | Title:  |
| Signature:                                       |  |   |
| Printed Name:                                    |  | Title:  |
| Signature:                                       |  | Title:  |
| Printed Name:                                    |  | Title:  |
| Signature:                                       |  | Title:  |
| Printed Name:                                    |  | Title:  |
| Signature:                                       |  | Title:  |
| Printed Name:                                    | <del></del>  | Title:  |
| If Florida Corpora                               |  | antum an Offician                             |
|  | nan, Vice Chairman, Dire<br>cers have not been selecte | ed, an Incorporator must sign.                |
| <u>If Florida General</u><br>Signature of one Ge | <u>l Partnership or Limited</u><br>eneral Partner.     | <u> Liability Partnership:</u>                |
| If Florida Limited<br>Signatures of ALL          |  | l Liability Limited Partnership:              |
| All others:<br>Signature of an aut               | horized person.  |   |
| Fees:  |  |   |
| Articles of                                      | Conversion:  | \$25.00                                       |

\$125.00

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

Fees for Florida Articles of Organization:

Certified Copy: Certificate of Status:

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| MITTOLLEGIS   |  |   |   |
|---|--|---|---|
| ARTICLE I - Na The name of the L                      | <b>me:</b><br>.imited Liability Compa  | my is:  |   |
|   |  |   |   |
| Good Days with Good                                   |  | 111111111111111111111111111111111111111   | <del></del>   |
| (M  | ust contain the words "Limited   | Liability Company, "L.L.C.," or "LLC.")   |   |
| ARTICLE II - Ac<br>The mailing addre                  |  | the principal office of the Limited   | d Liability Company is:   |
| Principal Office                                      | Address:   | Mailing Address:  |   |
| 7901 4th St N STE 30                                  | 00   | 7901 4th St N STE 300   |   |
| St. Petersburg FL 337                                 | 702  | St. Petersburg FL 33702   | <del></del>   |
| (The Limited Liability C<br>business entity with an   | Company cannot serve as its ow active Florida registration.)                       | stered Office, & Registered Age on Registered Agent. You must designate an i  | ent's Signature:<br>individual or another   |
|   | Registered Agents Inc  |   |   |
|   |  | Name  |   |
|   | 7901 4th St N STE 300  |   |   |
|   | Florida street addres  | s (P.O. Box NOT acceptable)   |   |
|   | St. Petersburg   | FL 33702  |   |
|   | City   | Zip   |   |
| liability com<br>registered agent<br>statutes relatir | pany at the place design<br>t and agree to act in this<br>ng to the proper and con | and to accept service of process for<br>ated in this certificate. I hereby acc<br>capacity. I further agree to compl<br>aplete performance of my duties, and<br>as registered agent as provided for | cept the appointment as<br>ly with the provisions of all<br>nd I am familiar with and |
|   | David Soverts  |   | 2024  |
|   | Registered Agent   | 's Signature (REQUIRED)   | HAY 24  |
|   | (CO  | NTINUED)  | 906 kg  |

### ARTICLE IV-

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

| <u>Title:</u>  | Name and Address:       |   |
|--|-------------------------|---|
| "AMBR" = Authorized Member   |                         |   |
| "MGR" = Manager  |                         |   |
| AMBR   | Daniels, Anthony        | _ |
|  | 7901 4th St N STE 300   | _ |
|  | St. Petersburg FL 33702 | - |
| AMBR   | Zanrosso, Gino          | _ |
|  | 7901 4th St N STE 300   | _ |
|  | St. Petersburg FL 33702 | _ |
| AMBR   | Jacobellis, Vinny       |   |
|  | 7901 4th St N STE 300   | _ |
|  | St. Petersburg FL 33702 | _ |
|  |                         | _ |
|  |                         | _ |
|  |                         | _ |
|  |                         | - |
| (Use attachment if necessary)  |                         |   |
|  |                         |   |
| ARTICLE V: Other provisions, if any.   |                         |   |
|  |                         |   |
|  |                         |   |
|  |                         |   |
| <u>REQUIRED</u> SIGNATURE:   |                         |   |
| Police Jange   |                         |   |
| The state of the s |                         | _ |

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

|  | Jones |  |
|--|-------|--|
|  |       |  |
|  |       |  |

Typed or printed name of signee

### Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Ag
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)