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SECRUTARY OF STATE

WAY 21 AN ID:



June 4, 2024

ERICA KESILMAN 502 BANYAN WAY MELBOURNE BEACH, FL 32951 US

SUBJECT: ERICA KESILMAN SOMATIC THERAPY COACHING

Ref. Number: W24000083646

We have received your document for and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Letter Number: 224A00012054

KAIN COSTELLO Regulatory Specialist II New Filing Section

www.sunbiz.org

## **COVER LETTER**

	New Filing Se Division of Co						
SUBJE	СТ:	Frica Kesilm (Name of Res	an Somatic	The	erapy any)	Coachio	9
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# **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 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:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of New Jersey  (Enter state, or if a non-U.S. entity, the name of the country)
on 04 14 2020 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Erica Kesilman Samatic Therapy Caaching LLC (Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: May, 17, 2024.  (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 17 day of May	20 <u> 24</u>
Signature of Authorized Representative of Lim	ited Liability Company:
C	. // .
Signature of Authorized Representative:	co Kellman
Printed Name: Frica Kesilman	little: somatic (bach / 19
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Euca Lesilmon	
Signature: (Nuca Yellman)	Tidle: Cabialy' (and O man
Printed Name: Etica Kesilman	Conscious Homeschooling
Signature:	
Printed Name:	Title:
Signatura	
Signature:	Title:
Timos Cuino.	
Signature:	<del></del>
Printed Name:	Title:
Signature	
Signature:Printed Name:	Title:
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Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In	
	ity Partnership:
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Signature of one General Partner.  If Florida Limited Partnership or Limited Liabili 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:
Erica Kesilman Samatic Therapy Coaching LLC  (Must contain the words "Limited Liability Company, "L.C.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
502 Bonyan Way  Melbourne Beach, FL  32951  Solution Beach, FL  32951
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Erica Kesilman Name
502 Banyon Way  Florida street address (P.O. Box NOT acceptable)
Melbourne Beach FL 32951  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)

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

(Use attachment if necessary)  REQUIRED SIGNATURE:  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 t any false information submitted in a document to the Department of State constitutes a third degree fel as provided for in s.817.155. F.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 t any false information submitted in a document to the Department of State constitutes a third degree fel as provided for in s.817.155. F.S.  Figure Kestimon Ema Kusimon Typed or printed name of signee Filing Fees	"ANADD" - Authorized Marches	
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