

L24000509850

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

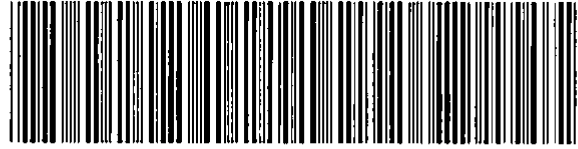
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer: 12/09/24

Office Use Only



300436096083

S. CHATHAM
DEC 10 2024

05/12/24--0.027--ULF **1.50.00

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2024 DEC -9 PM 7:05
SECRETARY OF STATE
TALLAHASSEE, FL



RECEIVED

2024 DEC -9 PM 5:09
FLORIDA DEPARTMENT OF STATE
Division of Corporations
TALLAHASSEE, FL

October 29, 2024

SYMERIA HUDSON
511 NE 10TH AVE
FORT LAUDERDALE, FL 33301 US

SUBJECT: AWESTOMY ACTIVE, LLC
Ref. Number: W24000146675

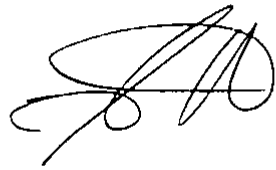

We have received your document for and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham
Supervisor
New Filings Section

Letter Number: 224A00023793

Corrections Made 12/2/24 


COVER LETTER

O: New Filing Section
Division of Corporations

SUBJECT: Awestomy Active, LLC.

(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Symeria Hudson

(Contact Person)

Awestomy Active, LLC.

(Firm/Company)

11 NE 10th Ave

(Address)

Fort Lauderdale, FL 33301

(City, State and Zip Code)

symerias@aol.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Symeria Hudson

at (773) 590-4233

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US Dollars and drawn on a bank located in the United States)

☒ \$150.00 Filing Fees
\$25 for Conversion
\$125 for Articles
(Organization)

☐ \$155.00 Filing Fees
and Certificate of
Status

☐ \$180.00 Filing Fees
and Certified Copy

☐ \$185.00 Filing Fees,
Certified Copy, and
Certificate of Status

Mailing Address:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Symeria Hudson

511 NE 10th Ave

Fort Lauderdale, FL 33301

December 4, 2024

Thank you for your recent letter regarding the corrections needed to convert the Awestomy Active Corp to an LLC. Please find attached the corrections- along with my initials to show that I made the corrections personally.

The reference number is : W24000146675

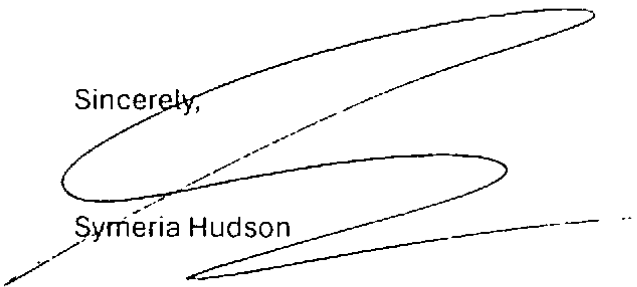
Please note a check was sent and it was cashed therefore no payment is needed.

Lastly, I spoke to a representative yesterday. She was extremely helpful and knowledgeable.

Thank you again for noting the corrections. Looking forward to seeing the approval for the LLC.

Sincerely,

Symeria Hudson

A large, stylized handwritten signature in black ink, consisting of several loops and a long horizontal stroke, is written over the printed name 'Symeria Hudson'.

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:

Awestomy Active, Corp

(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 Florida, US

(Enter state, or if a non-U.S. entity, the name of the country)

on 1/31/2023

(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

Awestomy Active, LLC.

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: 9/01/2024

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.

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TALLAHASSEE, FL

signed this August day of 30 2024.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: _____

Printed Name: Symeria Hudson

Title: CEO

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature: _____

Printed Name: Symeria Hudson

Title: CEO

Signature: _____

Printed Name: _____

Title: _____

Signature: _____

Printed Name: _____

Title: _____

Signature: _____

Printed Name: _____

Title: _____

Signature: _____

Printed Name: _____

Title: _____

Signature: _____

Printed Name: _____

Title: _____

Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized person.

Fees:

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

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TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Awesomy Active, 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 Liability Company is:

Principal Office Address:

Symeria Hudson

511 NE 10th Ave

Fort Lauderdale, FL 33301

Mailing Address:

Symeria Hudson

511 NE 10th Ave

Fort Lauderdale, FL 33301

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:

Symeria Hudson

Name

511 NE 10th Ave

Florida street address (P.O. Box **NOT** acceptable)

Fort Lauderdale,

FL 33301

City

Zip

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TALLAHASSEE, FL

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..

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

MCR

MCR

Symyria Huxsont
511 NE 14th Ave
Fort Lauderdale, FL 33301

Cary Hudson
511 NE 10th Ave
Fort Lauderdale, FL 33301

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TALLAHASSEE FL

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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 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.

Symeria Hudsoni

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

§ 5.00 Certificate of Status (Optional)