124000521605

(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:

Office Use Only



400440563294

2024 DEC 17 ... O. 2924 DEC 17 AM IO. 42

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 12/17/2024	_			⇔W Ai	K IN**
ENTITY NAME CIRCL	E OF SUCCESS MANAGE	MENT LLC			
				~	
DOCUMENT NUMBER				מניץ הַבַּת	
	**PLEASE FILE THE AT	TACHED AND RETUR		17 7:	
	Plain Copy Certified Copy		. 2-	7 9: 47	り
	Certificate of Status				
	PLEASE OBTAIN THE FOLLOW Certified Copy of Arts & An Certificate of Good Standing	·			
	APOSTILLE' / NOTA	RIAL CERTIFICATIO	DN		
COUNTRY OF DESTINA	TION			_	
NUMBER OF CERTIFICA	ATES REQUESTED			_	
TOTAL OWED \$180.0	0		±: I20160000072	<u></u>	
Please call Tina at i	the above number for any n		R F/V Thank you so	much!	

COVER LETTER

Division of Corporations		
SUBJECT: Circle of Success Managemen	t LLC	
(Name of R	esulting Florida Limito	d Company)
The enclosed Articles of Conversion, Art Business Entity" into a "Florida Limited		
Please return all correspondence concerni	ing this matter to:	2024 DEC 17
Carolyn H. Specht		
(Contact Person)		7
CHS Business Consultants, Inc.		ن ق
(Firm/Company)		9:47 71:6
50 Montrose Road		
(Address)		
Yonkers, NY 10710		
(City, State and Zip Code))	
chesra@gmail.com		
E-mail Address: (to be used for future annual	report notifications)	
For further information concerning this m	natter, please call:	
Carolyn H. Specht	at (⁹¹⁴)	961-1649 (Daytime Telephone Number)
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amodollars and drawn on a bank located in the		occessed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$ \$150.00 Filing Fees and Certificate of Status	☑ \$180.00 Filing F and Certified Copy	-
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	กั เ ว 2	Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

Statutes.	7!	
The name of the "Other Business Entity" immediately prior to the filing of the Artic Circle of Success Management LLC	les of Convers	ion is:
(Enter Name of Other Business Entity)		-EEE
2. The "Other Business Entity" is a Limited Liability Company		- 3
(Enter entity type. Example: corporation, limited partnership, general partnership, comm	on law or busines	s trust etc.)
First organized, formed or incorporated under the laws of California	<u> </u>	
(Enter state, or if a non-U.S. entity, th	e name of the cou	intry)
January 30, 2019		
(date of organization, formation or incorporation)		
3. The name of the Florida Limited Liability Company as set forth in the attached Art	ticles of Organ	iization:
Circle of Success Management LLC	<u>.</u>	
(Enter Name of Florida Limited Liability Company)		
4. If not effective on the date of filing, enter the effective date:	=1	_
The effective date: Cannot be prior to date of receipt or filed date nor more than 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 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 this14TH_ day of	2024		
Signature of Authorized Representative of Limi	ited Liability Company:		
X Signature of Authorized Representative ————————————————————————————————————	Title: Manager	-	
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]		
X Signature:	Title: Manager	-	
			207
Signature:Printed Name:	Title:	- -	3074 DEC
Signature:Printed Name:		- .	į. i j
			1.1
Signature: Printed Name:	Title:	<u>.</u>	1.0 0:1
Signature:		ा गः -	· —
Printed Name:	Title:	-	
Signature:Printed Name:	Title	-	
		-	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or			
If Directors or Officers have not been selected, an Inc			
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:		
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:		
All others: Signature of an authorized person.			
Fces:			
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
The name of the Enimed Elaonity Company 13.		
Circle of Success Management LLC		
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		2
The mailing address and street address of the pri	ncipal office of the Limite	
Principal Office Address:	Mailing Address:	ال المار المار الم
Timespar Office Address.	triuming 71dd1 cos.	
824-A Lake Ave., Ste. 355	50 Montrose Road	
Lake Worth, FL 33460	Yoners, NY 10710	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register	Office, & Registered Ag	ent's Signature:
business entity with an active Florida registration.)		
The name and the Florida street address of the re	egistered agent are:	
NRAI Services, Inc.		
Name		
1000 Carab Bina Jaland Bood		
1200 South Pine Island Road	Day VOT acceptable)	
Florida street address (P.O.	Box NOT acceptable)	
Plantation	FL 33324	
City	Zip	
Having been named as registered agent and to	accent service of process	for the above stated limited

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)
Joanne Caswell, Assistant Secretary

(CONTINUED)

ARTICLE IV-	
The name and address of each person authorized to manage and control the Limited Liabi	lity
Company:	

Name and Address:	
Kareem Burke	
	2
	3
	:
<u> </u>	
	71:0:17

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.

Kareem Burke, manager and authorized representative of a member

Typed or printed name of signee

Filing Fees

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