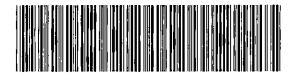
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(Ad	dress)	
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(Cit	y/State/Zip/Pho	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity N	ame)
(Do	cument Numbe	τ)
Certified Copies	Certificati	es of Status
	_	
Special Instructions to	Filing Officer:	
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Office Use Only



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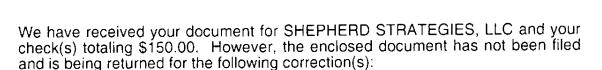
FLORIDA DEPARTMENT OF STATE Division of Corporations

October 10, 2024

TERRI SHEPHERD SHEPHERD STRATEGIES 2625 GREENVALLEY DRIVE LAKELAND, FL 33813 US

SUBJECT: SHEPHERD STRATEGIES, LLC

Ref. Number: W24000138974



Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Crystal S Hightower Regulatory Specialist II 2024 NOV 25 PM 2: 07

RECEIVED

Letter Number: 624A00022466

COVER LETTER

Division of C					
SUBJECT: Shepher	rd Strategies, LLC				
3000E1		sulting Florida Lim	ited Co	mpany)	_
Business Entity" into		iability Compan		nd fees are submitted to accordance with s. 605.1	
Terri Shepherd					
	(Contact Person)		-		
Shepherd Strategies,	LLC				
	(Firm/Company)		_		
2625 Green Valley Dri	ve				
	(Address)		_		
Lakeland, FL 33813					
(6	City, State and Zip Code)	-	-		
terri@shepherdstrateg	ies.org				
E-mail Address: (to b	e used for future annual re	port notifications)	_		
For further informati	on concerning this ma	tter, please call:			
Terri Shepherd		_at (_\ 733-	7768	
(Name of Conta	ct Person)	(Area Code) (Day	ytime Telephone Number)	_
	or the following amou a bank located in the		oroces	sed by this office must b	pe payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop	Fees by	□\$185.00 Filing Fees, Certified Copy, and Certificate of Status	Filing Fee checked submitted and processed 10/4/2 (see enclosed confirmation
Mailing Add				t Address:	confirmation
New Filing Se				Filing Section	
Division of C P.O. Box 632	-			ion of Corporations Centre of Tallahassee	
Tallahassee, I				N. Monroe Street, Suite	810
·				hassee, 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 Shepherd Strategies, LLC. 	ne Articles of Conversion is:
(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)	
(Enter entity type. Example: corporation, limited partnership, general partnershi	p, common law or business trust, etc.
First organized, formed or incorporated under the laws of	
(Enter state, or if a non-U.S.	entity, the name of the country)
09/09/2022 on	7 <u>7</u> 200
(date of organization, formation or incorporation)	£ 27
3. The name of the Florida Limited Liability Company as set forth in the attach	ed Articles of Organization:
Shepherd Strategies, LLC.	
(Enter Name of Florida Limited Liability Company)	56
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 the date this document is filed by the Florida Department of State.)	e than 90 calendar days after
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	s, this date will not be listed as the
5. The plan of conversion has been approved in accordance with all applicable s	tatutes.

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 20 day of December 2024.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: Printed Name:				
Signature(s) on behalf of Other Business	Entity: [See below for required signature(s)]			
Signature:)			
Printed Name: Terri Shepherd	Title: MGRM			
Signature: John Shophord				
Printed Name, Joshua Shepherd	Title: MGRM			
Signature:				
Printed Name:	Title:			
Signature:		•	2000	
Printed Name:	Title:			
Signature:			, , , ,	
Printed Name:			191	
Signature:		ا در زنادی	년: 급:	, 27.22. Laures
Printed Name:	Title:	产系	50	

If Florida Corporation:

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

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

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of <u>ALL</u> 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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Shepherd Strateg	nios II C			
	<u> </u>	ability Company, "L.L.C" or "LLC.")		
ARTICLE II	Address:			
		e principal office of the Limite	d Liability Compa	any is
Principal Office	e Address:	Mailing Address:		
2625 Green Valle	ey Drive	2625 Green Valley Drive	, 1 53	
Lakeland, FL 338	 	Lakeland, FL 33813		
			 <u>-:</u> _	
			3.00	- ,
(The Limited Liability business entity with		ered Office, & Registered Agegistered Agent. You must designate an	ent's Signature:	
(The Limited Liability business entity with	y Company cannot serve as its own R an active Florida registration.) Terri Shepherd	ered Office, & Registered Agegistered Agent. You must designate an the registered agent are:	ent's Signature: individual or another	
(The Limited Liability business entity with	y Company cannot serve as its own R an active Florida registration.) Terri Shepherd	ered Office, & Registered Agegistered Agent. You must designate an	ent's Signature: individual or another	
(The Limited Liability business entity with	y Company cannot serve as its own R an active Florida registration.) Terri Shepherd	ered Office, & Registered Agegistered Agent. You must designate an the registered agent are:	ent's Signature: individual or another	
(The Limited Liability business entity with	y Company cannot serve as its own R an active Florida registration.) Terri Shepherd No. 2625 Green Valley Drive	ered Office, & Registered Agegistered Agent. You must designate an the registered agent are:	ent's Signature: individual or another	
(The Limited Liability business entity with	y Company cannot serve as its own R an active Florida registration.) Terri Shepherd No. 2625 Green Valley Drive	ered Office, & Registered Age egistered Agent. You must designate an the registered agent are:	ent's Signature: individual or another	

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)

ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGRM	Terri Shepherd
	2625 Green Valley Drive
	Lakeland, FL 33813
MODIA	
MGRM	Joshua Shepherd
	2625 Green Valley Drive
	Lakeland, FL 33813
	
	<u> </u>
	•
(Use attachment if necessary)	PH 4: 5
(Ose attachment if necessary)	
	त्य ज
CLE V: Other provisions, if any.	m \sim
CLE V. Other provisions, if any.	
REQUIRED SIGNATURE:	
RECORD SIGNATURE.	Lt
Love St.	
Signature of a mamber or	an authorized representative of a member
This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes. I am aware the
any false information submitted in a docu	ment to the Department of State constitutes a third degree felor

Terri Shepherd

as provided for in s.817.155, F.S.

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)

Common brealth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

1 Certify the Following from the Records of the Commission:

That Shepherd Strategies LLC is duly organized as a Limited Liability Company under the law of the Commonwealth of Virginia;

That the Limited Liability Company was formed on September 9, 2022; and

That the Limited Liability Company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

June 27, 2023

Bernard J. Logan, Clerk of the Commission