

1000 500 0

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Let's Fn Go, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Let's Fn Go Inc.
Name (Printed or typed)

495 S Nova STE 107
Address

Ormond Beach FL 32174
City, State & Zip

386-589-4976
Daytime Telephone number

bfricke@securedlogistics.net
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

Let's Fn Go, Inc.
495 S Nova STE 107
Ormond Beach, FL 32174
386-589-4976
bfricke@securedlogistics.net

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Lets Fn GO, Inc.

ARTICLE II PRINCIPAL OFFICE

495 S Nova Rd

ORMOND BEACH, FL 32174

ARTICLE III PURPOSE

internal revenue code, or corresponding section of any future ^{see} (attached)

ARTICLE IV MANNER OF ELECTION

are elected and appointed by vote

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

1927-28

Continuation of article III

Let's Fn' go LLC 99-4379765

... federal tax code, or shall be distributed to the Federal government
or to a state or local government, for a public purpose.

11/11/11

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Benjamin Fricke
Address: 495 S Nova Rd #107
Ormond Beach, FL 32174

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joseph Loguicchio, CPA
Address: 1515A Ridgewood Ave
Holly Hill FL 32117

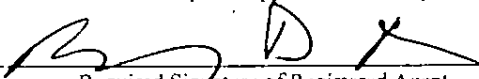
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

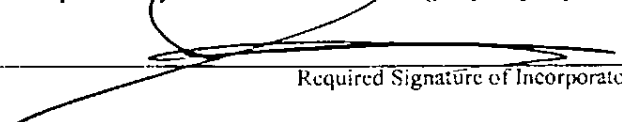
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature of Registered Agent

12/20/24
Date

I submit this document and affirm that the facts stated herein are true. 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.


Required Signature of Incorporator

12/19/24
Date

RECEIVED
FILED
DEC 20 2024
CLERK OF THE
SOLICITOR GENERAL'S
OFFICE
TALLAHASSEE, FLORIDA

As Filed Originally

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L24000340008
FILED 8:00 AM
August 01, 2024
Sec. Of State
fjeggleson

Article I

The name of the Limited Liability Company is:

LET'S FN' GO LLC

Article II

The street address of the principal office of the Limited Liability Company is:

495 S NOVA RD
STE 107
ORMOND BEACH, FL. US 32174

The mailing address of the Limited Liability Company is:

495 S NOVA RD
STE 107
ORMOND BEACH, FL. US 32174

Article III

The name and Florida street address of the registered agent is:

BENJAMIN FRICKE
495 S NOVA RD
STE 107
ORMOND BEACH, FL. 32174

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.

Registered Agent Signature: BENJAMIN FRICKE

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR
BENJAMIN FRICKE
19 SHADOW CREEK WAY
ORMOND BEACH, FL. 32174 US

L24000340008
FILED 8:00 AM
August 01, 2024
Sec. Of State
fjeggleston

Article V

The effective date for this Limited Liability Company shall be:

08/01/2024

Signature of member or an authorized representative

Electronic Signature: HOFFMAN STEFFANI

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

LLC into
non profit

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation
Non Profit

This Certificate of Conversion and attached Articles of Incorporation are submitted to convert the following "Other Business Entity" into a Florida ~~Profit~~ Non Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

Let's Fn' Go LLC

Enter Name of Other Business Entity

2. The "Other Business Entity" is a limited liability company
(Enter entity type. Example: limited liability company, limited partnership,
general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of FLORIDA
(Enter state, or if a non-U.S. entity, the name of the country)

on 08/01/2024
Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

N/A

4. The name of the Florida ~~Profit~~ Non Profit Corporation as set forth in the attached Articles of Incorporation:

Let's Fn' Go Inc.

Enter Name of Florida Profit Corporation
Non Profit

5. If not effective on the date of filing, enter the effective date: _____
(The effective date: Cannot be prior to nor more than 90 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.

Signed this 19th day of December, 2024

Non-Profit
Required Signature for Florida ~~Profit~~ Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: [Signature]

Printed Name: Benjamin Fricke Title: Officer

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

Signature: [Signature]

Printed Name: Benjamin Fricke Title: mgr mbr

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)