

P22000041879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

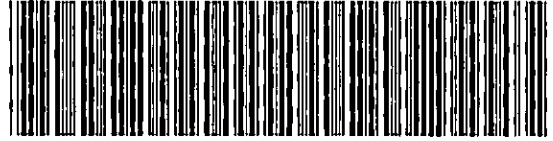
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500385983505

04/19/22--01018--007 **113.75

2022 APR 19 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Good Fortune Management, Inc.

Name of Resulting Florida Profit Corporation

The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligible entity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202, F.S.

Please return all correspondence concerning this matter to:

Rebecca Curren

Contact Person

Anderson Registered Agents

Firm/Company

3225 McLeod Dr, Ste. 100

Address

Las Vegas, Nevada 89121

City, State and Zip Code

ra@andersonadvisors.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rebecca Curren

Name of Contact Person

at (800) 706-4741

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$105.00 Filing Fees ☒ \$113.75 Filing Fees ☐ \$113.75 Filing Fees ☐ \$122.50 Filing Fees,
and Certificate of and Certified Copy Certified Copy, and
Status 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

Articles of Conversion
For
Converting Eligible Entity
Into
Florida Profit Corporation

The Articles of Conversion **and attached Articles of Incorporation** are submitted to convert the following **eligible business entity into a Florida Profit Corporation** in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:

Good Fortune Management, Inc.

Enter Name of the Converting Entity

2. The converting entity is a **Corporation**

(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 **New York**

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

on **April 15, 2019**

Enter date "Converting Entity" was first organized, formed or incorporated.

3. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

Good Fortune Management, Inc.

Enter Name of Florida Profit Corporation

4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.

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.

FILED
2022 APR 19 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signed this 12th day of April, 2022.

Required Signature for Florida Profit Corporation:

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

Rebecca Curren

Printed Name: Rebecca Curren Title: Incorporator

Required Signature(s) on behalf of Converting Florida partnerships, limited partnerships, and limited liability companies: [See below for required signature(s).]

Signature: Rebecca Curren

Printed Name: Rebecca Curren Title: Authorized Person

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:

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 APR 19 AM 9:30

FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Good Fortune Management, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

3225 McLeod Dr, Ste. 100
Las Vegas, Nevada 89121

Mailing address, if different is:

3225 McLeod Dr, Ste. 100
Las Vegas, Nevada 89121

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Asset Management

FILED
2022 APR 19 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jonathan Broedel, PTD

Name and Title: Haijing Li, VPSD

Address: 3225 McLeod Dr, Ste 100
Las Vegas, Nevada 89121

Address: 3225 McLeod Dr, Ste 100
Las Vegas, Nevada 89121

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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: Anderson Registered Agents, Inc.
Address: 625 E. Twiggs St, Suite 110
Tampa, Florida 33602

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Rebecca Curren
Address: 3225 McLeod Dr, Ste. 100
Las Vegas, Nevada 89121

FILED
2022 APR 19 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

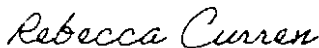


Required Signature/Registered Agent

04/12/2022

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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/Incorporator

04/12/2022

Date