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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SITON TAKY OF STATE TALLANASSEE, FLORIDA PROHIVED

CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

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	PICK U	P: JENA 9/16
X	X CERTIFIED COPY	
	РНОТОСОРУ	
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λ	X FILING	CONVERSION
l. `	LIVE MORE WORK LES (CORPORATE NAME AND DOCUME	
2.	(CORPORATE NAME AND DOCUME	NT#)
3.	(CORPORATE NAME AND DOCUME	NT #)
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5.	(CORPORATE NAME AND DOCUME	NT #)
SPECL	AL INSTRUCTIONS:	

COVER LETTER

TO: **New Filing Section** Division of Corporations

SUBJECT: Live More Work Less 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:

ricase retain an concep	ionachee concerning iii.	s matter to.		
Laura Moye	r			
	Contact Person			
Benetrends				
	Firm/Company			
1684 S Broa	ad St, Suite	130	_	
	Address			
Lansdale, F	A 19446			
	City, State and Zip Code	C	_	
	netrends.co		ation)	
For further information	concerning this matter,	please call:		
Laura Moye	r	at (267	,638	3-9291
Name of Co	ntact Person		_/	Daytime Telephone Number
Enclosed is a check for	the following amount:			
□ \$105.00 Filing Fees	☐\$113.75 Filing Fees and Certificate of Status	□\$113.75 Fili and Certified C		. \$122.50 Filing Fees, Certified Copy, and Certificate of Status
Mailing Addr				Address:
New Filing Se				iling Section
Division of Co	· · · = ·			on of Corporations
P.O. Box 6321				entre of Tallahassee
Tallahassee, F	L 32514		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:
Live More Work Less LLC
Enter Name of the Converting Entity
2. The converting 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 LLS, entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
_{on} Feb. 24, 2022
Enter date "Converting Entity" was first organized, formed or incorporated.
3. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u> : Live More Work Less 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 Florid 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 16th day of September	. 2024
Required Signature for Florida Profit Corporation	<u>n:</u>
Signature of Director, Officer, or, if Directors or Office Sancity Nelson March-	·
Printed Name: Sanddy Nelson Marchena Title: Inc	orporator
Required Signature(s) on behalf of Converting Flocompanies: [See below for required signature(s).]	orida partnerships, limited partnerships, and limited liability
Signature: Sandy Nelson March	
Printed Name: Sanddy Nelson Marchena	_{Title:}
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 Signature of one General Partner.	
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	y Limited Partnership:
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.	
All others: Signature of an authorized person.	
Fees: Articles of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)

ARTICLES OF INCORPORATION FOR RESULTING FLORIDA PROFIT CORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME The name of the corporation shall be: Live More	Work Les	ss Inc.
ARTICLE II PRINCIPAL OFFICE		
The principal place of business/mailing address is:		
Principal street address		Mailing address, if different is:
15011 Derna Ter, Bradenton, FL 34211		
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Any and all lawfil business pu	urpose	
		· · · · · · · · · · · · · · · · · · ·
	·	
ARTICLE IV SHARES The number of shares of stock is: 10,000,000		
ARTICLE V OFFICERS AND/OR DIRECTORS		
Name and Title: Sanddy Nelson Marchena / PTD	Name and Title	Melodie Rose Marchena / SD
Address: 15011 Derna Ter, Bradenton, FL 34211	Address:	15011 Derna Ter, Bradenton, FL 34211
Name and Title:	Name and Title	:
Address:	Address:	
		
Name and Title:	Name and Title	· · · · · · · · · · · · · · · · · · ·
Address:	Address:	

	E VI REGISTERED AGENT and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name:	NRAI Services, Inc.
Address:	1200 South Pine Island Road
	Plantation, FL 33324

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 Patricia A. Boverie, Assistant Secretary 9/16/2024

Date