## 122000334080

(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ac	ddress)	
V		
(Ac	ddress)	
(C)	ity/State/Zip/Phone #)	
,	•	1
PICK-UP	☐ WAIT	MAIL
		**
		$\cup$
(B)	usiness Entity Name)	
(5)		
(D	ocument Number)	
Certified Copies	Certificates of	Status
r	<del> </del>	
Special Instructions to Fi	iling Officer:	İ

Office Use Only



800393723498

S. CHATHAM S. CHATHAM SEP 1200 PART TRAM RE 200 PART 100 PART TRAM RE 200 PART 100 P

SECRL TARY OF STATE OR STORE OF CORPORATIONS 22 AUG 31 PM 3: 27

2022 AUG 31 PH 4: 32

## COVER LETTER

Division of Co	rporations		
SUBJECT: YOUA	LIQUE CONS	VLTING LLC Ilting Florida Elmited Com	pany)
The enclosed Articles Business Entity" into	of Conversion, Article a "Florida Limited Lia	es of Organization, and ability Company" in ac	I fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
EUNIKA JA YOUNIQUE C	ACKSON (Contact Person)	uc	
2738 W TH	(Firm/Company)	T. 1202	
E-mail Address (to be	KSON GOMA	port notifications)	
For further information	on concerning this mat	ter, please call:	
EUNIKA JAC (Name of Contact	CKSON ct Person)	at ( <u><b>\$50</b></u> ) <u><b>50</b></u> (Area Code) (Day	59-8011 rtime Telephone Number)
Enclosed is a check for dollars and drawn on	or the following amou a bank located in the	nt: (All checks process United States)	sed by this office must be 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 Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy. and Certificate of Status
		<b>a</b> :	

TO: New Filing Section

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

# SECRETARY OF STATE DIVISION OF CORPORATIONS 22 AUG 31 PM 3: 27

# 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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Afficies of Conversion is.  UDIALIBUTE. COALSULTIME LLC.
YOUNIQUE CONSULTING UC (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of NEVADA
(Enter state, or if a non-U.S. entity, the name of the country)
on 10 9 19 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
YOUNIQUE CONSULTING LLC (Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 9122 (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar 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.
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 this 31 <sup>5t</sup> day of <u>AUGUST</u> 20 22
Signature of Authorized Representative of Limited Liability Company:
Signature of Authorized Representative:  Printed Name: FUNIKA JACKSON Title: MANAGER
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]
Signature: Signature: Title: MANAGER  Printed Name: FUNIKA JACKSDIV Title: MANAGER
Signature:
Signature: Printed Name: Title:
Signature:
Signature: Title:
Signature:
Signature: Title:
Signature:
Printed Name: Title:
Signature:
Signature: Title:
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 ALL General Partners.
All others: Signature of an authorized person.
<u>Fees:</u>
Articles of Conversion: \$25.00 Fees for Florida Articles of Organization: \$125.00 Certified Copy: \$30.00 (Optional) Certificate of Status: \$5.00 (Optional)

DIVISION OF CORPORATION

22 AUG 31 PM 3.

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R		C	L	ŀ.	ł -	N	21	n	::
---	---	--	---	---	----	-----	---	----	---	----

The name of the Limited Liability Company is:

YOUNIQUE CONSULTING, LLC
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

## ARTICLE II - Address:

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

Principal Office Address: Mailing Address:

2738 W THARPE ST 2788 W THARPE ST APT. 1202
TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32303

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

EUNIKA JACKSON
Name

2738 W THARPE ST AP T. 1202
Florida street address (P.O. Box NOT acceptable)

7,01,4,1,0,7,7, m. 80,2,2,7,7

TALLAHASSEE FLF32303
City Zip

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..

ature (REQUIRED)

(CONTINUED)

Title: AMBR" = Authorized Member	Name and Address:
MGR" = Manager <b>MGL</b>	EUNIKA JACKION 2738 W THARPEST, APT. 1202 TALLAHASSEE, FL 32303
<u> </u>	
Use attachment if necessary)	
LE V: Other provisions, if any.	

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.

EUNIKA JACKSON

Typed or printed name of signee

ART

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)