# L2300051775

(R	equestor's Name)	
(Å	ddress)	-
(A	ddress)	
(C	ity/State/Zip/Phone #)	<del></del> -
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer	

Office Use Only



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2023 NOV 17 PM 3: 40

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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 137886,\_\_\_\_\_8433325

AUTHORIZATION : Cognill

COST LIMIT : \$ 150.00

ORDER DATE: November 17, 2023

ORDER TIME : 1:29 PM

ORDER NO. : 137886-030

CUSTOMER NO: 8433325

#### DOMESTIC AMENDMENT FILING

NAME: GOOD ONE GLOBAL INTENATIONAL

LLC

EFFECTIVE DATE:

XX ARTICLES OF CONVERSION AND ORGANIZATION RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER'S INITIALS:

#### **COVER LETTER**

TO:	New Filing S Division of C				
SHR		ne Global International L	LC		
SUD	ECT		sulting Florida Limit	ed Con	npany)
					d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Pleas	e return all corr	espondence concernin	g this matter to:		
Emili	o Gutierrez				
		(Contact Person)		•	
FA C	orporate Manage	ement LLC			
		(Firm/Company)		•	
2050	Coral Way Ste 4	05			
		(Address)		-	
Miam	ii, FL 33145				
	- (	City, State and Zip Code)	<del></del>	-	
Legal	2@facorporatem	ng.com			
E-	mail Address: (to l	oe used for future annual re	port notifications)	-	
For fi	urther informati	on concerning this ma	tter. please call:		
Emilia	o Gutierrez		_at (	761-6	5978
	(Name of Conta	act Person)	(Area Code)	(Day	time Telephone Number)
		for the following amou a bank located in the		rocess	sed by this office must be payable in US
(\$25 fo & \$12	50.00 Filing Fees or Conversion 5 for Articles anization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing S				Address: Filing Section
	Division of C				on of Corporations
	P.O. Box 632	27		The C	entre of Tallahassee
	Tallahassee.	FL 32314		24151	N. Monroe Street, Suite 810

Tallahassee, 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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  Good One Global International LLC
(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, 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)
11/15/2012
on (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Good One Global International LLC
(Enter Name of Florida Limited Liability Company)
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 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 2nd day of October	2023
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Arrinted Name: Patrick Powers	Title: Manager
Signature(s) on behalf of Other Business Entity: 1	
Signature:	
Printed Name: Patrick Powers	Title: Manager
Signature:	
Signature: Printed Name:	Title:
Signature: Printed Name:	Title:
Signature:	
Printed Name:	_ Little:
Signature:	
Printed Name:	Title:
0'	
Signature: Printed Name:	Title
Timed Name.	
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or C	
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>AL.L</u> General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Good One Global International LLC	
(Must contain the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2050 Coral Way Ste 405, Miami, FL 33145	2050 Coral Way Ste 405, Miami, FL 33145
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registrous business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
FA CORPORATE MANAGEM	ENT LLC
Name	
2050 Coral Way Ste 405	
Florida street address (P.O.	Box NOT acceptable)
Miami	FL 33145
City	Zip
liability company at the place designated in registered agent and agree to act in this capact statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S
Claudia Registered Agent's Sign	S.Muñoz
Registered Agent's Sign	ature (RE <b>Q</b> UIRED)

(CONTINUED)

#### ARTICLE IV-

Patrick Powers, as manager

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	
MGR	Brian Powers
<del></del>	2050 Coral Way Ste 405, Miami, FL 33145
MGR	Sean Powers
MGR	
	2050 Coral Way Ste 405, Miami, FL 33145
MGR	Patrick Powers
	2050 Coral Way Ste 405, Miami, FL 33145
MCD	laima Hriba
MGR	Jaime Uribe
	2050 Coral Way Ste 405, Miami, FL 33145
(Use attachment if necessary)	
CLE V: Other provisions, if any,	
REQUIRED SIGNATURE:	
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 to the Department of State constitutes a third degree fel

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)

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