

L220000A74102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

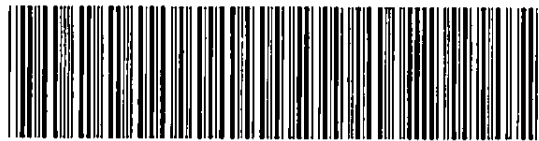
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J. Dennis

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J DENNIS

MAY - 2004



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FILED
2024 MAR -1, PM 1:20
JAN 11 2004

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLACK MAGNOLIA COUNSELING SERVICES LLC / doc # L22000474102

Name of Florida Limited Liability Company

The enclosed Articles of Conversion and fee(s) are submitted to convert a Florida Limited Liability Company" into an "Other Business Entity" in accordance with s.605.1045, F.S.

Please return all correspondence concerning this matter to:

Filing Team

Contact Person

Registered Agents Inc

Firm/Company

7901 4th St N STE 300

Address

St. Petersburg, FL 33702

City, State and Zip Code

flfilings@registeredagentsinc.com

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

For further information concerning this matter, please call:

Filing Team

at (307) 200-2803

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee
and Certificate of
Status

☐ \$55.00 Filing Fee
and Certified Copy

☐ \$60.00 Filing Fee,
Certified Copy, and
Certificate of Status

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E106 (05/17)

Articles of Conversion
For
Florida Limited Liability Company
Into
"Converted or Other Business Entity"

FILED
2024 MAR -4 PM 1:20
SECRETARY OF STATE

The Articles of Conversion is submitted to convert the following **Florida Limited Liability Company into an "Other Business Entity"** in accordance with s. 605.1045, Florida Statutes.

1. The name of the Florida Limited Liability Company converting into the "Other Business Entity" is:

BLACK MAGNOLIA COUNSELING SERVICES LLC

Enter Name of Florida Limited Liability Company

2. The name of the "Converted or Other Business Entity" is:

Black Magnolia Counseling Services, PLLC

Enter Name of "Converted or Other Business Entity"

3. The "Converted or Other Business Entity" is a Professional Limited Liability Company
(Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)

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

The formation document is attached (if applicable).

4. The plan of conversion was approved by the converting Florida Limited Liability Company in accordance with Chapter 605, F.S.

5. This conversion shall be effective in Florida on: _____
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date of the conversion under the laws governing the "Other Business Entity.")

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.

6. If the "Converted or Other Business Entity" is an out-of-state entity not registered to transact business in Florida, the "Converted or Other Business Entity":

a.) Lists the following street and mailing address of an office the Florida Department of State may send and process served on the department pursuant to 605.0117 and Chapter 48.

Street Address: 7901 4th St N STE 300
St. Petersburg, FL 33702
Mailing Address: 7901 4th St N STE 300
St. Petersburg, FL 33702

7. 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 27 day of March, 2024

Signature: Grace Willms
Must be signed by a Member or Authorized Representative

Printed Name: Grace Willms Title: Manager

Fees: Filing Fee: \$25.00
Certified Copy: \$30.00 (Optional)
Certificate of Status: \$5.00 (Optional)