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## **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: 3rd Alternative Solutions, LLC (Name of Resulting Florida Limited Company)
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter to:
Sandy Brickey (Contact Person)  3rd Alternative Solutions (Firm/Company)  2107 SW 52rd St. (Address)
Cape Cocal, FL 33914  (City, State and Zip Code)  Sandy Brickey@hotmail.com  E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:  Sandy Brickey at (239) 203-9930  (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)
\$\sum_{\$150.00}\$ Filing Fees (\$25 for Conversion & and Certificate of Status)  \$\sum_{\$125}\$ for Articles of Organization)  \$\sum_{\$150.00}\$ Filing Fees and Certified Copy & Certified Copy, and Certificate of Status
STREET ADDRESS:  New Filing Section  Division of Corporations  Clifton Building  P. O. Box 6327  2661 Executive Center Circle  Tallahassee, FL 32301

### **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	e Articles of Conversion is:
3 <sup>rd</sup> Alternative Solutions, LLC (Enter Name of Other Business Entity)	<del></del> ·
2. The "Other Business Entity" is a <u>Limited Liability Confo</u> (Enter entity type. Example: corporation, limited partnership, general partnership	, common law or business trust, etc.)
First organized, formed or incorporated under the laws of	ntity, the name of the country)
on 2-24-2012 (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached 3rd Alternative Solutions, LLC (Enter Name of Florida Limited Liability Company)	ed Articles of Organization:
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 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 document's effective date on the Department of State's records.	than 90 calendar days after
5. The plan of conversion has been approved in accordance with all applicable sta	atutes.
6. The "Converted or Other Business Entity" has agreed to pay any members having which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	appraisal rights the amount to

Signature of Authorized Representative of Limi	ited Liability Company:			
Signature of Authorized Representative: Luc Printed Name: Sandy Brickey	Tile: CED			
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]			
Signature: Sandy Brickey Printed Name: Sandy Brickey	Title: CEO			
Signature:Printed Name:				
Signature:Printed Name:	Title:			
Signature:Printed Name:				
Printed Name:	Title:			
Signature:Printed Name:	Title			
Signature:Printed Name:	Title:			
If Florida Corporation:				
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In-				
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If Florida General Partnership or Limited Liabili Signature of one General Partner.				
Signature of one General Partner.  If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:			
Signature of one General Partner.  If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:			
Signature of one General Partner.  If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:			
Signature of one General Partner.  If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.  All others:	ty Limited Partnership:	<u> 환</u> 성	1 <b>a</b> 0.0	
Signature of one General Partner.  If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.  All others: Signature of an authorized person.  Fees:  Articles of Conversion:	\$25.00	<u> 19</u> 00 1000 1000	1	,
Signature of one General Partner.  If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.  All others: Signature of an authorized person.  Fees:		<u> 18</u> 00 100 100 100	<del></del> -	,
Signature of one General Partner.  If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.  All others: Signature of an authorized person.  Fees:  Articles of Conversion: Fees for Florida Articles of Organization:	\$25.00 \$125.00		18 00T 3 L P3 (2)	•

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
3rd Alternative Solution (Must contain the words "Limited Liability	Company, "L.L.C.," or "Ll.C.")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2107 SW 521 St. Cape Coral, FL 33914	2107 SW 52rd St <u>Cape Coral, FL 33914</u>
ARTICLE III - Registered Agent, Registered of (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
Sandy Brick	'ey
2107 SW 522	£ 5+
Florida street address (P.O.	Box NOT acceptable)
Cape Coral City	FL 33914 Zip
liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 605, F.S
Registered Agent's Signa	iture (REQUIRED)
(CONTINU	JED)
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The name and address of each person authorized to manage and control the Limited Liability Company:

"AMBR" = Authorized Member		
"MGR" = Manager	$\bigcirc$ $\bigcirc$ $\bigcirc$ $\bigcirc$ $\bigcirc$ $\bigcirc$	
AMBR	Sandy Brickey	
<u></u>	2107 SW 527 St.	
	Case Coral, FL 33914	
<u> </u>		
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(Use attachment if nagessary)		
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(Use attachment if necessary)  CLE V: Other provisions, if any.	<u>.*</u> .	ě
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CLE V: Other provisions, if any.		ŧ
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CLE V: Other provisions, if any.		t
REQUIRED SIGNATURE: Signature of a member or	an authorized representative of a member	t
REQUIRED SIGNATURE:  Signature of/a/member or This document is executed in accordance	an authorized representative of a member with section 665,0203 (1) (b), Florida Statutes, I am aware that	÷
REQUIRED SIGNATURE:  Signature of a member or  This document is executed in accordance any false information submitted in a document in a docu	an authorized representative of a member	t
REQUIRED SIGNATURE:  Signature of/a/member or This document is executed in accordance	an authorized representative of a member with section 665,0203 (1) (b), Florida Statutes, I am aware that	
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felony.	- t
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felony.	ŧ.
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a document is executed in a document in the submitted in a document is executed in a document in the submitted in the sub	an authorized representative of a member with section 665,0203 (1) (b), Florida Statutes, I am aware that	