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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

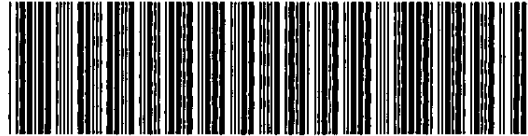
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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J. Stivers MAY 07 2015

FILED  
15 MAY - 1 AM 9:40  
SECRETARY OF STATE  
BALT. AIRPORT, LONDON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PROVIDENCE PROCESS 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:

Timothy J. Conner

(Contact Person)

Conner Bosch Law, P.A.

(Firm/Company)

4488 N. Oceanshore Blvd.

(Address)

Palm Coast, FL 32137

(City, State and Zip Code)

tjconner@cblpa.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Timothy J. Conner at ( 386 ) 445-9322

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	<input type="checkbox"/> \$155.00 Filing Fees and Certificate of Status	<input type="checkbox"/> \$180.00 Filing Fees and Certified Copy	<input type="checkbox"/> \$185.00 Filing Fees, Certified Copy, and Certificate of Status
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**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

**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 Articles of Conversion is:  
**PROVIDENCE PROCESS SOLUTIONS, 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 **Wisconsin**  
(Enter state, or if a non-U.S. entity, the name of the country)

on **02-05-2010**  
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

**PROVIDENCE PROCESS SOLUTIONS, LLC**

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: \_\_\_\_\_

(The effective date: 1) cannot be prior to date of receipt or filed date 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 listed in the attached Articles of Organization, if an effective date is listed therein.)

5. The plan of conversion has been approved in accordance with all applicable statutes.

**FILED**  
15 MAY - 1 AM 9:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Signed this 21 day of APRIL 2015.

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative: *Vernon J. Spaulding*  
Printed Name: Vernon J. Spaulding Title: Manager

**Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]**

Signature: *Vernon J. Spaulding*  
Printed Name: Vernon J. Spaulding Title: Manager

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ 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.

**Fees:**

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

FILED  
15 MAY - 1 AM 9:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION**  
**OF**  
**PROVIDENCE PROCESS SOLUTIONS, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 605, hereby make, acknowledge, and file the following Articles of Organization.

**ARTICLE I – NAME**

The name of the limited liability company shall be **PROVIDENCE PROCESS SOLUTIONS, LLC** (“company”).

**ARTICLE II – ADDRESS**

The mailing address and the street address of the principal office of the company is 2816 E. Robinson St., Orlando, FL 32803.

**ARTICLE III – DURATION**

The company commenced its existence in the state of Wisconsin on February 5, 2010, and shall be covered to a Florida limited liability company on the date these Articles of Organization are filed by the Florida Department of State along with the Articles of Conversion of even date herewith. The company's existence shall be perpetual unless the company is dissolved earlier as provided in these Articles of Organization or in the Operating Agreement.

FILED  
15 MAY - 11 AM 9:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

#### **ARTICLE IV – REGISTERED OFFICE AND AGENT**

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

TIMOTHY J. CONNER  
4488 N. Oceanshore Blvd.  
Palm Coast, FL 32137

#### **ARTICLE V – MANAGERS**

The names and addresses of each person authorized to manage and control the limited liability company:

VERNON J. SPAULDING – Manager  
2816 E. Robinson St.  
Orlando, FL 32803

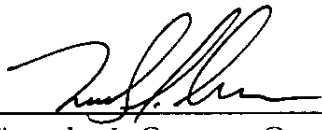
#### **ARTICLE VI – ADMISSION OF NEW MEMBERS**

No members shall be admitted to the company except with unanimous written consent of the Members of the company. A member may not transfer his or her interest in the company except as set forth in the Operating Agreement of the company, and no transferee shall have the right to participate in the management of the business and affairs of the company unless the Transferee is approved for membership by a unanimous vote of the Members.

**ARTICLE VII – MEMBERS’ RIGHT TO CONTINUE BUSINESS**

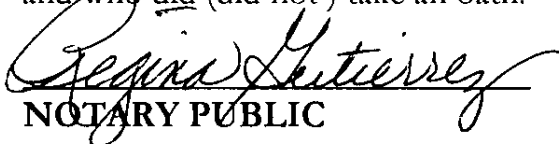
The company shall not be dissolved on the death, bankruptcy, or dissolution of a member, or on the occurrence of any other event that terminates the continued membership of a member in the company, unless the business of the company is terminated by majority vote of all the remaining members.

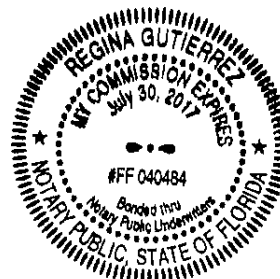
IN WITNESS WHEREOF, the undersigned organizer has made and subscribed these Articles of Organization at Palm Coast, Florida, on this 1st, day of April, 2015.

  
\_\_\_\_\_  
Timothy J. Conner, Organizer

STATE OF FLORIDA  
COUNTY OF FLAGLER


THE FOREGOING instrument was acknowledged before me this 1st day of April, 2015 by Timothy J. Conner, who is personally known to me or has produced \_\_\_\_\_ as identification and who did (did not ) take an oath.

  
\_\_\_\_\_  
NOTARY PUBLIC



**ACCEPTANCE BY REGISTERED AGENT**

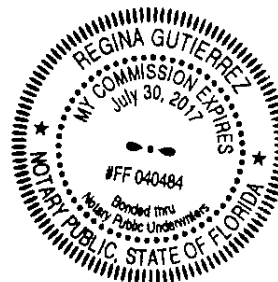
Having been designated as Registered Agent to accept service of process for the above-stated limited liability company, at the registered office above, I hereby accept said designation, agree to act in this capacity, and agree to comply with the provisions of Section 48.091, Florida Statutes relative to keeping open said office.

  
\_\_\_\_\_  
Timothy J. Conner  
Registered Agent

**STATE OF FLORIDA  
COUNTY OF FLAGLER**

The foregoing instrument was acknowledged before me this 1st day of April, 2015, by Timothy J. Conner, who is personally known to me and who has produced \_\_\_\_\_ as identification and who did/did not take an oath.

  
\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires:



FILED  
15 MAY - 1 AM 9:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA