L/6000/65308

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



900288909209

08/12/16--01019--005 **150.00

16 SEP -7 AMIL: 11

W16-057731

× 09/08/16



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 19, 2016

RICHARD PLAT 2840 W. BAY DR., STE. 340 BELLEAIR, FL 33770

SUBJECT: ALL WEB SOLUTIONS "LLC"

Ref. Number: W16000057731

We have received your document for ALL WEB SOLUTIONS "LLC" and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 316A00017591

COVER LETTER

то:	Registration S Division of C				
CHR	JECT: All Web S	Solutions "LLC"			
SUD	ECT	(Name	of Resulting Florida	Limite	d Company)
			•		d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Pleas	e return all corr	espondence concerning	g this matter to:		
Richai	d Plat				
		(Contact Person)			
All W	eb Solutions "LLC	п			
		(Firm/Company)			
2840	West Bay Dr Suite	340			
		(Address)			
Bellea	ir , Florida 33770				
		City, State and Zip Code)			
accou	nting@webleadnet	•			
E-	mail Address: (to b	e used for future annual re	port notifications)		
For f	urther informati	on concerning this ma	tter, please call:		
	rd Plat	C	610	. 7 97-7	7665
- KICIM	(Name of Conta	act Person)	aı ()	ytime Telephone Number)
	(Name of Conta	ict reison)	(Alea Code)	(Day	ytime relephone (valuoci)
Enclo	sed is a check t	for the following amou	int:		
(\$25 f & \$12	50.00 Filing Fees or Conversion 5 for Articles ganization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STR	EET ADDRES	S:	MAIL	NG A	ADDRESS:
_	stration Section		-		Section
	ion of Corporat	ions			Corporations
	on Building Executive Cent	er Circle	P. O. B Tallaha		FL 32314

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.

All Web Solutions	immediately prior to the filing of the Articles of f Other Business Entity)	Conversion is:
·		-
2. The "Other Business Entity" is a General I	Partnership <i>EP1500001309</i>	
(Enter ent	ity type. Example: corporation, limited partnership, al partnership, common law or business trust, etc.)	
First organized, formed or incorporated under	er the laws of Florida	
Oct 12th 2015	(Enter state, or if a non-U.S. entity, the name	of the country)
(date of organization, formation or incorporation		
All Web Solutions "LLC"	y Company as set forth in the attached Articles of Limited Liability Company)	of Organization:
(Enter Name of Florida	Limited Liability Company)	
date this document is filed by the Florida date listed in the attached Articles of Organization	date of receipt or filed date nor more than 90 of Department of State; <u>AND</u> 2) must be the sam anization, if an effective date is listed therein.) the applicable statutory filing requirements, this date will a	e as the effective
5. The plan of conversion has been approved	d in accordance with all applicable statutes.	9 91
	Page 1 of 2	四 洋流

SECRETARY OF STATE
ON OF CORPORATIONS

Signed this 31st day of May	20_16
Signature of Authorized Representative of Limit	ted Liability Company:
Signature of Authorized Representative: 2	
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]
Signature: Printed Name: Ricurard Plan	Title: Owner
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 of Directors or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liability	Officer. corporator must sign.
Signature of one General Partner. If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty 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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Comp	pany is:
All Web Solutions "LLC"	
(Must end with the words "Limit	ted Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	of the principal office of the Limited Liability Company is:
5	1,,
Principal Office Address:	Mailing Address:
2840 West Bay Dr Suite 340	
Belleair Florida 33770	
	
	gistered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another
The name and the Florida street address	of the registered agent are:

Name

Name

Ho Stort Haereigen Ark

Florida street address (P.O. Box NOT acceptable)

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

٨	D	TI	CI	U	IV
<i>F</i> 4	к			. P.	1 V -

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	Richard Plat
	202 Windward Passage #605
	Clearwater Florida 33767
MGR	Lowell Bloodworth
	1617 Pinellas Rd
	Belleair Florida 33770
	Dencar Fronta 35770
	n the date of filing: (OPTIONAL)
CLE V: Effective date, if other than ffective date is listed, the date m days after the date of filing.)	ust be specific and cannot be more than five business day
TLE V: Effective date, if other than ffective date is listed, the date me days after the date of filing.) the date inserted in this block does not me t's effective date on the Department of S	ust be specific and cannot be more than five business day
TLE V: Effective date, if other than ffective date is listed, the date medians after the date of filing.) the date inserted in this block does not mean treatment of Section 2. CLE VI: Other provisions, if any.	ust be specific and cannot be more than five business day
LE V: Effective date, if other than ffective date is listed, the date me days after the date of filing.) the date inserted in this block does not mean effective date on the Department of State VI: Other provisions, if any. REQUIRED SIGNATURE:	neet the applicable statutory filing requirements, this date will not be list tate's records.
LE V: Effective date, if other than ffective date is listed, the date m days after the date of filing.) the date inserted in this block does not mean the date on the Department of State VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men	neet the applicable statutory filing requirements, this date will not be list tate's records.
LE V: Effective date, if other than ffective date is listed, the date medays after the date of filing.) the date inserted in this block does not mean effective date on the Department of State VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men This document is executed I am aware that any false in	neet the applicable statutory filing requirements, this date will not be list tate's records. The property of a member of a m
LE V: Effective date, if other than ffective date is listed, the date medays after the date of filing.) the date inserted in this block does not mean effective date on the Department of State VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men This document is executed I am aware that any false in	neet the applicable statutory filing requirements, this date will not be list tate's records. The applicable statutory filing requirements, this date will not be list tate's records. The applicable statutory filing requirements, this date will not be list tate's records.
ILE V: Effective date, if other than ffective date is listed, the date med days after the date of filing.) the date inserted in this block does not mean the date on the Department of State VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men This document is executed I am aware that any false in	neet the applicable statutory filing requirements, this date will not be list tate's records. The property of a member of a m

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)
Page 2 of 2