

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
·
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

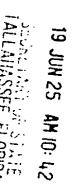
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06/25/19--01014--010 **150.



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 followin "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Flo Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion in The Law Offices of A.M. Frink PLLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a professional limited liability company
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trus
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
February 5, 2019
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organizat The Law Offices of A.M. Frink PLLC
(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 at 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 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 amou

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.



Signed this 18th	_ day of June	20 <u>19</u>				
Signature of Authorized Representative of Limited Liability Company:						
Signature of Authoriz Printed Name: Angenet	zed Representative: te M. Frink	Title: Authorized Member				
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]						
Signature: 1	M KINL					
Printed Name: Angenet	te M. Frink	Title: Authorized Member				
Signature						
Printed Name: N/A		Title:				
Signature: Printed Name: N/A		Title:				
Signature:		Title:				
Timod Name.						
Signature:		Tiol				
Printed Name: N/A		Title:				
Signature:						
Printed Name: N/A		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 <u>ALL</u> 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)

19 JUN 25 AM 10: 42

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The Law Offices of A.M.	f Frink PI I C				
		oility Company, "L.L.C.," or "LLC.")			
ARTICLE II - Add	waa+				
		principal office of the Limited Liability Compan-			
3	-	, , , , , , , , , , , , , , , , , , , ,			
Principal Office Ad	<u>ldress:</u>	Mailing Address:			
6920 Ebb Tide Ave		6920 Ehb Tide Ave			
Apollo Beach, FL 33572					
ARTICLE III - Rep	gistered Agent, Registe	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another			
ARTICLE III - Report of the Limited Liability Conbusiness entity with an action of the Fluid Conbuston of the Flui	gistered Agent, Registen apany cannot serve as its own R tive Florida registration.) orida street address of the serve agency of the serve address of the s	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another e registered agent are:			
ARTICLE III - Report of the Limited Liability Conbusiness entity with an action of the Fluid Conbuston of the Flui	gistered Agent, Registent spany cannot serve as its own Relive Florida registration.) orida street address of the United States Corporation Agents	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another e registered agent are: ents, Inc.			
ARTICLE III - Rep The Limited Liability Con business entity with an act The name and the Fl	gistered Agent, Registent spany cannot serve as its own Relive Florida registration.) orida street address of the United States Corporation Agents	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another e registered agent are:			
ARTICLE III - Rep The Limited Liability Con business entity with an act The name and the Fl	gistered Agent, Registent spany cannot serve as its own Relive Florida registration.) orida street address of the United States Corporation Agents	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another e registered agent are: ents, Inc. me			
ARTICLE III - Rep The Limited Liability Con business entity with an act The name and the Fl	gistered Agent, Register apany cannot serve as its own R tive Florida registration.) orida street address of the United States Corporation Agents No. 5575 S. Semoran Blvd.	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another e registered agent are: ents, Inc. me			
ARTICLE III - Report of the Limited Liability Conbusiness entity with an action of the Fluid Conbuston of the Flui	gistered Agent, Register apany cannot serve as its own R tive Florida registration.) orida street address of the United States Corporation Agents No. 5575 S. Semoran Blvd.	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another e registered agent are: ents, Inc. me , Suite 36			

limitec registered agent and agree to act in this capacity. I further agree to comply with the provisions of a 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..

> Cheyenne Moseley, Asst. Secretary on behalf Of United States Corporation Agents, Inc.
> Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

AMBR	Angenette M. Frink			
	6920 Ebb Tide Ave			
	Apollo Beach, FL 33572			
N/A				
N/A				
	D C			
N/A				
	SS:			
(Use attachment if necessary)	m. Ti			
	FLORIDA			
LE V: Other provisions, if any.	nited liability company is the practice of law.			

<u>REQUIRED</u> 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 that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Angenette M. Frink

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)

COVER LETTER

TO: New Filing S Division of C					
	•	C			
SUBJECT: THE Law	Offices of A.M. Frink PLL (Name of Res	ulting Florida Limit	ed Com	pany)	
	the state of the s	_		I fees are submitted to convert an "Othe cordance with s. 605.1045, F.S.	
Please return all corr	respondence concerning	g this matter to:			
Angenette M. Frink					
	(Contact Person)				
The Law Offices of A.M.	1. Frink PLLC				
	(Firm/Company)				
6920 Ebb Tide Ave					
	(Address)		•		
Apollo Beach, FL 33572	2				
	City, State and Zip Code)	·	•		
afrink@amfrink.com					
E-mail Address: (to	be used for future annual re	port notifications)	•		
For further informat	ion concerning this ma	tter, please call:			
Angenette Frink		at (²⁴⁸)227-24	402	
(Name of Cont	act Person)		(Day	time Telephone Number)	
	for the following amount a bank located in the		rocess	ed by this office must be payable in US	
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRES	SS:			DDRESS:	
New Filing Section	tions		New Filing Section Division of Corporations		
Division of Corporations Clifton Building		P. O. Box 6327			
2661 Executive Cen	ter Circle	Tallaha	issee, I	FL 32314	

INHS11 (7/17)

Tallahassee, FL 32301