# L19000205253

(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:





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# **COVER LETTER**

TO: New Filing S Division of O			
	•		
SUBJECT:	BRAMSON GROUP, LLC (Name of Re	sulting Florida Limited Co	ompany)
			and fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all cor	respondence concernin	g this matter to:	
LAURENCE ABRAMS	SON		
	(Contact Person)	<del></del>	
	(Firm/Company)	<del> </del>	
1417 SADLER ROAD			
	(Address)		
FERNANDINA BEAC	H. FL 32034		
	(City, State and Zip Code)		
THEABRAMSONGRO	OUP@ME.COM		
E-mail Address: (to	be used for future annual re	port notifications)	
For further informat	ion concerning this ma	tter, please call:	
LAURENCE ABRAMS	SON	at ( 858 ) 603	2-7454
(Name of Cont	act Person)	(Area Code) (Da	2-7454 aytime Telephone Number)
	for the following amou a bank located in the		ssed 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 Fees and Certified Copy	☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status
STREET ADDRES	SS:	MAILING	ADDRESS:
New Filing Section		New Filing Section	
Division of Corpora	tions		Corporations
Clifton Building	t on Claratic	P. O. Box 6	
2661 Executive Cen	ter effete	Tallahassee.	. ГL -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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: THE ABRAMSON GROUP, 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.
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
SEPTEMBER 22, 2008 On
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
THE ABRAMSON GROUP, LLC
(Emer 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 after the date this document is filed by the Florida Department of State.)  Note: 16 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.
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 amount to

which such members are entitled under ss. 605,1006 and 605,1061-605,1072, F.S.

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Signed this 28 day of JULY	_ 20_19
Signature of Authorized Representative of Limit	ed Liability Company:
Signature of Authorized Representative:	Title: MANAGER
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature:	
Printed Name: LAURENCE ABRAMSON	Title: MANAGER
Signature:	
Printed Name:	_ Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Cimptuzy	
Signature:Printed Name:	Title:
Signature:Printed Name:	Tides
Finited Name.	Title.
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or C If Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liability Signature of one General Partner.	
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partnership:
All others: Signature of an authorized person.	

\$25.00

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

Fees:

Articles of Conversion:

Certificate of Status:

Certified Copy:

Fees for Florida Articles of Organization:

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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

THE ABRAMSON GROUP, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	<u>Mailing Address:</u>		
95310 SUMMERWOODS CIRCLE #504	1417 SADLER ROAD #126		
FERNANDINA BEACH, FL 32034	FERNANDINA BEACH, FL 32034		

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

LAURENCE ABRAMSON	
Nan	10
95310 SUMMERWOODS CIR	CLE #504
Florida street address (P.C	D. Box <u>NOT</u> acceptable)
FERNANDINA BEACH	FL 32034
City	Zip

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)

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### ARTICLE IV-

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

LAURENCE ABRAMSON		
95310 SUMMERWOODS CIRCLE #504		-
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PERINANDINA DEACH, PL 52054		-
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	95310 SUMMERWOODS CIRCLE #504 FERNANDINA BEACH, FL 32034	95310 SUMMERWOODS CIRCLE #504 FERNANDINA BEACH, FL 32034

REQUIRED 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.

LAURENCE ABRAMSON

Typed or printed name of signee

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Filing Fees