120000075576

(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;
1. 7 - 69×3

Office Use Only

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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 27, 2020

LAURA BARNARD 43670 NE 15TH AVE OAKLAND PARK, FL 33334

SUBJECT: PMO STRATEGIES Ref. Number: W20000006983

We have received your document for PMO STRATEGIES and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must contain the name of the limited liability company as set forth in the attached articles of organization.

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.

Please return 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.

Keyna E Page Regulatory Specialist II

Letter Number: 020A00001852

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: PMO Strategies (Name of Resulting Florida Limite	ed Company)
The enclosed Articles of Conversion, Articles of Organization Business Entity" into a "Florida Limited Liability Company"	
Please return all correspondence concerning this matter to:	
Laura Barnard (Contact Person)	
(Contact Person) PMO Strategies (Firm/Company)	
(Firm/Company) 43570 NE 15th Achie (Address)	
(Address) Oalland Park FL 3333((City, State and Zip Code)	1
(City, State and Zip Code) Lawa O PMOStvategies. Com E-mail Address: (to be used for future annual report notifications)	
For further information concerning this matter, please call:	
(Name of Contact Person) at (20) (Area Code)	Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks per dollars and drawn on a bank located in the United States)	rocessed by this office must be payable in US
\$\Bigcup \\$150.00 \text{ Filing Fees} (\$25 \text{ for Conversion} \text{ and Certificate of Status} \$125 \text{ for Articles} \text{ Status} \$125 \text{ for Articles} \$125 \t	
New Filing Section Division of Corporations	Street Address: New Filing Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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.

PMO Strategies, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
on 11/26/2013 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
PMO Strategies, LLC
(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 after 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 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.



Signed this 12 day of March	20 <u>20</u> .
Signature of Authorized Representative	ve of Limited Liability Company:
Signature of Authorized Representative: Printed Name: Laura Barnard	Title: CEO
Signature(s) on behalf of Other Busines	s Entity: [See below for required signature(s)]
Signature:	
Printed Name: Kurt Barney	Title: COO
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, D If Directors or Officers have not been sele	cted, an Incorporator must sign.
If Florida General Partnership or Limit Signature of one General Partner.	ted Liability Partnership:
If Florida Limited Partnership or Limit Signatures of ALL General Partners.	ted Liability Limited Partnership:
All others: Signature of an authorized person.	
Fees:	

\$25.00 \$125.00

\$30.00 (Optional) \$5.00 (Optional)

Articles of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Organization:



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
PMO Strategies L.L.C.
(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: Mailing Address:
4370 NE 15th Avenue 4370 NE 15th Avenue coakland park FL 33334 Oakland park FL 33334
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:
<u>Kurt Barney</u> Name
Florida street address (P.O. Box <u>NOT</u> acceptable)
Oakland Park FL 33334 City Zip
Having been named as registered agent and to accept service of process for the above stated limite 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 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 60 F.S.
Registered Agent's Signature (REQUIRED)
(CONTINUED)

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
- Manager - AwBre	laura Barnard
	4370 NF 15th Avenue
	Carlenel panc PL 33334
	<u> </u>
	
	ASY Z
	SC A
	<u> </u>
	<u> </u>
(Use attachment if necessary)	
TICLE V: Other provisions, if any.	
	
REQUIRED SIGNATURE:	
	λ

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)