L2000142925

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

Office Use Only



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ALLAHASSEF, FLOREN MASSEF, FL

W20-32569

July 02 2020



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 26, 2020

TRUDY-ANN THOMAS 9871 NW 16 STREET PEMBROKE PINES, FL 33024

SUBJECT: EMPRISE ACCOUNTING & BUSINESS SERVICES LLC

Ref. Number: W20000032569

We have received your document for EMPRISE ACCOUNTING & BUSINESS SERVICES 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):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

X1A120

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.

DANIEL L O'KEEFE Regulatory Specialist II

Letter Number: 520A00006637

COVER LETTER

TO:	New Filing So Division of C					
SUB.	JECT: Emprise	Accounting & Business	Services I.I.C			1
			sulting Florida Lit	nited Cor	npany)	
		s of Conversion, Artic a "Florida Limited Li				
Pleas	e return all corre	espondence concernin	g this matter to) :		
Trudy	-Ann Thomas					
		(Contact Person)		_		1
		(Firm/Company)	*****	_		
9871	NW 16 Street					
		(Address)				
Pemb	roke Pines, FL 3	3024				
empri	() sebs@gmail.com	City, State and Zip Code)		_		
		e used for future annual re	nort notifications			
		on concerning this ma				ı
	-Ann Thomas		at (954		3883	
	(Name of Conta	ct Person)		le) (Day	ytime Telephone Number	·)
		or the following amou a bank located in the	•	proces:	sed by this office mu	st be payable in US
(\$25 fo & \$12	50.00 Filing Fees or Conversion 5 for Articles anization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified C	_	☐\$185.00 Filing Fees Certified Copy, and Certificate of Status	i.
	Mailing Add New Filing So Division of C P.O. Box 632 Tallahassee, I	ection orporations 7		New Divis The C 2415	et Address: Filing Section Sion of Corporations Centre of Tallahassee N. Monroe Street, St hassee, FL 32303	!

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

Statutes.	
1. The name of the "Other Business Entity" immediately prior to the filing of the Article Emprise Accounting & Business Services Inc.	s of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a	<u>!</u>
(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 if	iame of the country)
on03/01/2019	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Artic	les of Organization:
Emprise Accounting & Business Services 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 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 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.	ſ
 The "Converted or Other Business Entity" has agreed to pay any members having appraisa which such members are entitled under ss. 605.1006 and 605,1061-605.1072, F.S. 	il rights the amount to
	2011.54

1			
Signed this 03 day of March	20 <u>20</u> .		
Signature of Authorized Representative of Limi	ted Liability Company:		
Signature of Authorized Representative: Printed Name: Trudy-Ann Thomas	Title: President	_	
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)	,	
Signature: 44 Printed Name: Trudy - Ann Thomas	Title: President	<u> </u>	
Signature:Printed Name:	Title:	 	
Signature:Printed Name:			
Signature:Printed Name:	Title:	- -	
Signature:Printed Name:	Title:	 	
Signature:Printed Name:	Title:		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In-			
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:		
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:	7 4 7 4	2013
All others: Signature of an authorized person.			ESY 19 GH 3: 29
Fees:		-	::: ယ က
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	`.]	ယ

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Compa	any is:	
		}
Emprise Accounting & Business Services LL		
(Must contain the words "Limited	Liability Company, "L.E.C.," or "L.E.C.,")	i
ARTICLE II - Address:		
The mailing address and street address of	the principal office of the Limited L	iability Company is:
Principal Office Address:	Mailing Address:	;
9871 NW 16 Street	9871 NW 16 Street	
Pembroke Pines, FL 33024	Pembroke Pines, FL 33024	
ARTICLE III - Registered Agent, Regi (The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.) The name and the Florida street address of	rn Registered Agent. You must designate an indiv	
Trudy-Ann Thomas		
	Name	5 =
9871 NW 16 Street		
Florida street address	s (P.O. Box NOT acceptable)	10 611 3: 29
Pembroke Pines	FL ³³⁰²⁴	29
City	Zip	1
•	·	

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)

Title:	Name and Address:	
"AMBR" = Authorized Member		1
"MGR" = Manager AMBR	Trudy-Ann Thomas	
AWDI	9871 NW 16 Street	
	Pembroke Pines FL 33024	
		-
	·	<u> </u>
		-
		
		<u> </u>
(Use attachment if necessary)		1
	; -	20
LE V. Other annihing if and	: *	-
LE V; Other provisions, if any.	:	- 4
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REQUIRED SIGNATURE:		<u>ن</u> ()
-tate		
		
Signature of a member or	an authorized representative of a membe	r
	nencto the Department of State constitutes a find de	.grcc
Tv	ped or printed name of signee	!
• 5.	•	

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

ARTICLE IV-