(Requestor's Name)
(Address)
(Address)
(ridaroso)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(2.2.2. 2.2.2.)
Cariffeet Carina
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

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COVER LETTER

	v Filing S ision of C	ection Corporations			
		Grave	son Software LLC		
SUBJECT	:		sulting Florida Limit	ed Con	npany)
The enclose Business Er	ed Article	s of Conversion, Artic a "Florida Limited Li	les of Organizati iability Company	on, an	id fees are submitted to convert an "Othe coordance with s. 605.1045, F.S.
Please retur	n all corr	espondence concernin	g this matter to:		
Natalie Grav	eson				
		(Contact Person)		-	
Graveson So	oftware LL	С			
		(Firm/Company)		-"	
2869 Chatsv	vorth Lane				
	. <u>-</u>	(Address)		•	
Lakeland, Fl	orida 3381	2			
	((City, State and Zip Code)		-	
Ngraveson1	@gmail.co	m			
E-mail Ad	dress: (to b	e used for future annual re	port notifications)	•	
For further i	informatio	on concerning this ma	tter, please call:		
Natalie Grav	eson		at (⁸⁶³	797	- 7572
(Nan	ne of Conta	et Person)			rtime Telephone Number)
		or the following amou a bank located in the		rocess	sed by this office must be payable in US
S150.00 Fi (\$25 for Convo & \$125 for Ar of Organizatio	ersion ticles	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Address: New Filing Section				New l	t Address: Filing Section
	sion of Co Box 632	orporations 7			ion of Corporations Centre of Tallahassee
	hassec, F				N. Monroe Street, Suite 810

Tallahassee, FL 32303



July 6, 2020

NATALIE GRAVESON 2869 CHATSWORTH LANE LAKELAND, FL 33812

SUBJECT: GRAVESON SOFTWARE LLC

Ref. Number: W20000061409

We have received your document for GRAVESON SOFTWARE 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):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 720A00011980

COVER LETTER

TO:	New Filing S Division of C		•	-	
CHD	JECT:	•	son Software LLC	;	
SUB	JEC 1	(Name of Res	sulting Florida Lim	ted Cor	npany)
					nd fees are submitted to convert an "Othe ecordance with s. 605.1045, F.S.
Pleas	e return all corr	espondence concernin	g this matter to:		
Natali	ie Graveson				
		(Contact Person)			
Grave	eson Software LL	С			
		(Firm/Company)		_	
2869	Chatsworth Lane	•			
		(Address)		-	
Lakel	and, Florida 338°	12			
	. (1	City, State and Zip Code)		_	
Ngrav	eson1@gmail.co	om			
E-	mail Address: (to b	e used for future annual re	port notifications)	_	
For fi	urther informati	on concerning this ma	tter, please call:		
Natal	ie Graveson		_at (<u>863</u>	797	- 7572
	(Name of Conta	act Person)	(Area Code) (Day	ytime Telephone Number)
		for the following amou a bank located in the		proces	sed by this office must be payable in US
(\$25 for \$12	50.00 Filing Fees or Conversion 5 for Articles (anization)	□\$155.00 Filing Fees and Certificate of Status	\$180.00 Filing and Certified Co	-	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C	ection		New	t Address: Filing Section ion of Corporations

The Centre of Tallahassee

Tallahassee, FL-32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

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, Flo Statutes.

1.	The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion i Graveson Software 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 trus
Fi	rst organized, formed or incorporated under the laws of
	(Enter state, or if a non-U.S. entity, the name of the country)
on	03/03/2020
	(date of organization, formation or incorporation)
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organizati Graveson Software LLC
	(Enter Name of Florida Limited Liability Company)
4.	If not effective on the date of filing, enter the effective date:
th No	The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days a e date this document is filed by the Florida Department of State.) ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t cument'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 amour

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

Signed th	is 5th	day of	June	20 <u></u>	
<u>Signatur</u>	e of Autho	orized Repre	sentative of Lin	nited Liability Con	npany:
G:	5 A .1	· In	//	Mills of	True
Signature	of Author	nzed Keprese	ntative:	Tislas Dama r	ANDR
Printed N	ame:iva	talle Gravesor		Title: 	AMDIN
				[See below for req	uired signature(s)]
Signature	Mate	The			
Printed N	ame: Nat	alie Graveson		Title:	* AMBR
					•
Signature	:		<u></u>	T'.1	<u> </u>
Printed N	ame:	<u> </u>		fitte:	
Signature	:		, .		
Printed N	ame:			Title:	
Signature	: <u></u>				<u></u>
Printed N	ame:			litle:	
Signature);				
Printed N	ame:			Title:	
o.					
Signature	:			T'-1.	
Printed N	ame:		-	I itie:	
If Florid	a Corpora	tion:			
			rman, Director, o	r Officer.	
				ncorporator must sig	ın.
If Florid	o Conoral	Dartnarchin e	v Limitad Liahi	lity Partnership:	
		neral Partner.	or Limited Liabi	my ratmersmp.	
6					
If Florid	a Limited	Partnership o	r Limited Liabi	lity Limited Partne	<u>rship:</u>
Signature	s of <u>ALL</u> (General Partne	ers.		
All other					
All other Signature		orized person.			
5.B		omea percon			
Fees:					
Α	rticles of C	Conversion:		\$25.00	
F	ees for Flo	rida Articles	of Organization:	\$125.00	
	ertified Co			\$30.00 (Optiona	1)
C	ertificate o	of Status:		\$5.00 (Optional))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPAN'

ARTICLE I - Name: The name of the Limited Liability Company is:	•	
Graveson Software LLC (Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Compar	ıy
Principal Office Address:	Mailing Address:	
2869 Chatsworth Lane	2869 Chatsworth Lane	
Lakeland, Florida 33812	Lakeland, Florida 33812	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the remainder of the Register Agent, Natalie Graveson	ered Agent. You must designate an individual or another egistered agent are:	
Name	120 J	
2869 Chatsworth Lane	2020 July 21	· -
Florida street address (P.O.	Box NO1 acceptable)	
Lakeland	FL 33812	b دست
City	Zip : 38	
registered agent and agree to act in this capacit statutes relating to the proper and complete p	this certificate, I hereby accept the appointmenty. I further agree to comply with the provision erformance of my duties, and I am familiar wit istered agent as provided for in Chapter 605, F	nt ns h

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Natalie Graveson (AMBR) 2869 Chatsworth Lane Lakeland, Florida 33812
(Use attachment if necessary)	
ARTICLE V: Other provisions, if any.	. 20
REQUIRED SIGNATURE:	2
<u>KLOUKED</u> GIGHATOKE.	P
	No N
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felony
Natalie Graveson	
Ту	ped or printed name of signee
	Filing Fees

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

ARTICLE IV-

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