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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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€ COVER LETTER

Division of	Section Corporations					
SUBJECT: Rupp C	onsulting LLC					
		sulting Florida I	imited Co	ompany)		
The enclosed Articl Business Entity" int	es of Conversion, Artico o a "Florida Limited L	cles of Organi iability Comp	zation, a pany" in a	nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.		
Please return all cor	respondence concernir	ng this matter	to:			
Brett Rupp						
,	(Contact Person)	<u></u>				
Rupp Consulting LLC						
	(Firm/Company)					
14422 Shoreside Way	y, Suite 110, #307					
-	(Address)					
Winter Garden, FL 34	787					
((City, State and Zip Code)	 .				
brett.rupp@consultrup	op.com					
E-mail Address: (to	be used for future annual re	port notification	s)			
For further informat	ion concerning this ma	tter, please ca	H:			
Brett Rupp		_at (³⁰⁹	992	8059		
(Name of Cont	act Person)	(Area Co	ode) (Day	ytime Telephone Number)		
Enclosed is a check dollars and drawn or	for the following amou a bank located in the	int: (All check United States	ts proces	sed by this office must be payable in US		
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Fill and Certified	ing Fees Copy	S185.00 Filing Fees, Certified Copy, and Certificate of Status		
Mailing Add	ress:		Stree	t Address:		
New Filing S	ection		_	New Filing Section		
Division of Corporations				Division of Corporations		
P.O. Box 6327		the (The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

INHS11 (7/17)

Tallahassee, FL 32314

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: Rupp Consulting LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of [Hinois (Enter state, or if a non-U.S. entity, the name of the country)
June 24, 2016
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Rupp Consulting 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.
2020

Signed t	his <u>24</u>	day of November	20_	20
<u>Signatu</u>	re of Author	ized Representative of	Limited L	iability Company:
Signatur Printed N	re of Authoriz Name: <u>Brett Ru</u>	zed Representative:	Sott f	c: Managing Director
Signatur	re(s) on beha	lf of Other Business En	<u>tity:</u> [See b	elow for required signature(s)}
Sionatur	. But	HRUMED		
Printed N	Name: Bre	# Ripp	Titl	c: Managing Director
Signatur Printed N	e: Name:		Titl	le:
Signatur	e:			
Printed 1	Name:		Titl	e:
Signatur Printed I	e: Name:		Titl	le:
Signatur Printed !	e: Name:		Titl	le:
Signatur Printed l	e: Name:		Titl	le:
If Florid	la Corporation re of Chairman		or, or Office	er.
	da General Pa re of one Gene	artnership or Limited I eral Partner.	iability Pai	rtnership:
		artnership or Limited L eneral Partners.	Liability Lin	nited Partnership:
All othe Signatur	rs: e of an author	ized person.		
Fees:				
(Articles of Co Fees for Flori Certified Cop Certificate of	da Articles of Organiza y:	\$30	.00 5.00 .00 (Optional) 00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:				
Rupp Consulting 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 Company is:			
Principal Office Address:	Mailing Address:			
14422 Shoreside Way, Suite 110, # 307	14422 Shoreside Way, Suite 110, # 307			
Winter Garden, FL 34787	Winter Garden, FL 34787			
(The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re-				
Brett Rupp				
Name				
14422 Shoreside Way, Suite 110, # 307				
Florida street address (P.O. Box <u>NOT</u> acceptable)				
Winter Garden	FL 34787			
City	Zip			
liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S			
Registered Agent's Signa	ature (REQUIRED)			
(CONTINU	JED) THED THED			

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

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager Managing Director	Brett Rupp	
Managing Director	14422 Shoreside Way, Suite 110, #307	
	Winter Garden, FL 34787	
	vintor datach, i z o i i o i	
		
(Use attachment if necessary)		
ARTICLE V: Other provisions, if any.		
The purpose of the Limited Liability Company is to p		
services or any lawful activity for which a Limited Liability Company may be organized in this state.		
_		
REQUIRED SIGNATURE:		
Roote D		
Dell I was		
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.		
Brett Ru	Le2	
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)