# L2000039449/

(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:

Office Use Only



300354793173

11/09/20--01035--024 \*\*150.0

FILED
Dec 04, 2020 08:00 AM
Secretary of State

W2-13334

1/1



November 19, 2020

TYLER WARD CREDENCE SOLUTIONS GROUP, LLC 16319 PALMETTOGLEN CT. LITHIA, FL 33547

SUBJECT: CREDENCE SOLUTIONS GROUP, LLC

Ref. Number: W20000133340

We have received your document for CREDENCE SOLUTIONS GROUP, 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):

Please complete the marked sections in the Articles of Conversion. Also, the title "OWNER" is not allowed.

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

> 333. 1870. 1980. 1

Letter Number: 720A00023390

# **COVER LETTER**

TO: New Filing Section Division of Corporations	
	í
SUBJECT: Credence Solutions Group 1 LL (Name of Resulting Florida Limited	I 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:	
Tyler Ward (Contact Person)	
(Contact Person)	
Credence Solutions Group, LLC (Firm/Company)	
16319 Palmetlogien Ct. (Address)	
City, State and Zip Code)	
(City, State and Zip Code)	
E-mail Address: (to be used for future annual report notifications)	
For further information concerning this matter, please call:	
Tyler Ward at (888)	399-0794
(Name of Contact Person) (Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks prodollars and drawn on a bank located in the United States)	ocessed by this office must be payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & S125 for Articles of Organization)  ☐ \$155.00 Filing Fees and Certificate of and Certified Copy	Certified Copy, and Certificate of Status
	treet Address:
· ·	lew 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 <u>and attached Articles of Organization</u> are submitted to convert the followir "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Fl Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion
Credence Solutions Group, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Common Law or business tr (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business tr
First organized, formed or incorporated under the laws of New York
(Enter state, or if a non-U.S. entity, the name of the country
on Jonuary 20, 2017  (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organiza
Credence Solutions Group, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: Nov 23, 2020
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days
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 a
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 amc which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

FILED
Dec 04, 2020 08:00 AM
Secretary of State

Signed this Stage day of Deccepter	20_ <u>Z0</u>
Signature of Authorized Representative of Lir	nited Liability Company:
Signature of Authorized Representative: —— Printed Name: Tyler Wasel	Title: /ilaninger
Signature(s) on behalf of Other Business Entity:	
Signature: 222 Printed Name: Tyler David	Title: Monager
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 Liabil Signature of one General Partner.	ity Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPAI

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

ARTICLE I - Name:

**ARTICLE II - Address:** 

The name of the Limited Liability Company is:

The mailing address and street address of the principal Office Address:	ncipal office of the Limited Liability Compan:  Mailing Address:
<del>'</del>	
16319 Palmettoglen Ct. Lithia EL 33547	Lithia FL 33547
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	red Agent. You must designate an individual or another
The name and the Florida street address of the re-	gistered agent are:
Tyler Ward Name	
Name	
16318 Palmettogs Florida street address (P.O.)	les Ct.
Florida street address (P.O.)	Box NOT acceptable)
Lithia City	FL 33547
City	Zip
registered agent and agree to act in this capacity statutes relating to the proper and complete pe	his certificate, I hereby accept the appointment a

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

"AMBR" = Authorized Member- "MGR" = Manager	Tyler Ward
MER	112 19 Detaillact
	16319 Palmettosler Ct. Lithia, Fl 33547
AMBR	
7 1 4 1 1 1 1	16313 Olympia
	Ruysga Ward 16319 Polmettogles Ct Lithia, FL 33547
(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary)  CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.  REQUIRED SIGNATURE:	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.  REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:  Signature of a member or a 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 felor

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)