(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(00:	Siless Citity Nai	ne,
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	——————————————————————————————————————	
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# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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NEXT LEVEL SO	DLUTIONS LLC				
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				LTD Partnership File	2020 DEC 29
				Foreign Corp. File	— <u>—</u> ——————————————————————————————————
				L.C. File	1 DEC 29 PH 12:
				Fictitious Name File	PH 12:
				Trade/Service Mark	
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				Art, of Amend, File	<del></del>
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# **COVER LETTER**

TO: New Filing Section Division of Corporations		
SUBJECT: NEXT LEVEL SOLUTIONS LLC		
(Name of Res	sulting Florida Limit	ted Company)
The enclosed Articles of Conversion. Artic Business Entity" into a "Florida Limited Li	•	ion, and fees are submitted to convert an "Other y" in accordance with s. 605.1045, F.S.
Please return all correspondence concernin	g this matter to:	
CHRISTOPHER CRUZ		
(Contact Person)		- . 28
(Firm/Company)		2021 DEC 29 PM 12: 27
12404 MOON LAKE CIRCLE		C 22
(Address)		
NEW PORT RICHEY FL 34654		X
(City, State and Zip Code)	-	- 2
chris.nlsinc@gmail.com		
E-mail Address: (to be used for future annual re	port notifications)	
For further information concerning this ma	itter, please call:	
CHRISTOPHER CRUZ	_at (	)831-4269
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amound dollars and drawn on a bank located in the		processed by this office must be payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)  ☐ \$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop	
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, 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. Flor Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: NEXT LEVEL SOLUTIONS Inc
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust,
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust,
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
MARCH 19, 2018 on .
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the <b>attached Articles of Organizatio</b> NEXT LEVEL SOLUTIONS 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

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

2020 DEC 29 PM 12: 27

Signed this 28 day of DECEMBER	20
Signature of Authorized Representative of Li	mited Liability Company:
Signature of Authorized Representative: Clestapher Cra	Title: PRESIDENT
Signature(s) on behalf of Other Business Entity	: [See below for required signature(s)]
Signature: Chestribus (include 27 2020 16 1 175) Printed Name: CHRISTOPHER CRUZ	
Printed Name: CHRISTOPHER CRUZ	Title: AMBR
Signature:	
Signature:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
f Florida Corporation: Signature of Chairman, Vice Chairman, Director, of f Directors or Officers have not been selected, an	
f Florida General Partnership or Limited Liab Signature of one General Partner.	ility Partnership:
f Florida Limited Partnership or Limited Liab Signatures of ALL General Partners.	ility Limited Partnership:
All others: Signature of an authorized person.	

\$25.00

\$125.00

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

Fees:

Articles of Conversion:

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company i	is:
NEXT LEVEL SOLUTIONS LLC	
(Must contain the words "Limited Liab	ility 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:
12404 MOON LAKE CIRCLE	
NEW PORT RICHEY, FL 34654	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Repusiness entity with an active Florida registration.)	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another
The name and the Florida street address of the	e registered agent are:
Christopher Cruz	
Na	me
12404 moon lake circle	
Florida street address (P	O. Box NOT acceptable)

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 statutes relating to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

Zip

Christoplar Engilber 25, 2920, us 19 EST

NEW PORT RICHEY,

City

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:

<u>Title:</u>	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager	OUDIOTORNED ODLIZ		
AMBR	CHRISTOPHER CRUZ		
	12404 MOON LAKE CIRCLE	-	
	NEW PORT RICHEY FL 34654		
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(Use attachment if necessary)			
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ARTICLE V: Other provisions, if any,		2820 DEC	
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REQUIRED SIGNATURE:		7	
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25 Tophy Carl (ber 25 - 27, 1975 - 51	-		

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.

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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)