# L21000285210

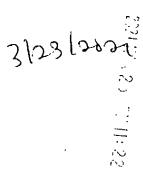
| (Requestor's Name)                      |
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| (Address)                               |
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| (City/State/Zip/Phone #)                |
| (ent)reacted principle in               |
| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
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| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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### COVER LETTER

| TO: New Filing Section Division of Corporations  |  |
|--|--|
| SUBJECT: FOCUSED SOLUTIONS LLC   |  |
|  | lting Florida Limited Company)   |
|  | es of Organization, and fees are submitted to convert an "Other ability Company" in accordance with s. 605.1045, F.S.                          |
| Please return all correspondence concerning  | this matter to:  |
| James Greear   |  |
| (Contact Person)   |  |
| FOCUSED SOLUTIONS  |  |
| (Firm/Company)   |  |
| 707 Via Milano   |  |
| (Address)  |  |
| Apopka, FL 32712   |  |
| (City, State and Zip Code)   |  |
| greear@gmail.com   |  |
| E-mail Address: (to be used for future annual repo   | ort notifications)   |
| For further information concerning this matt   | er, please call:   |
| Jim Greear   | at ( 407 ) 212-7386  |
| (Name of Contact Person)   | (Area Code) (Daytime Telephone Number)   |
| Enclosed is a check for the following amoundollars and drawn on a bank located in the U  | nt: (All checks processed by this office must be payable in US United States)  |
| \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)  \$ \$150.00 Filing Fees and Certificate of Status | □\$180.00 Filing Fees and Certified Copy  Certified Copy, and Certificate of Status  |
| 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, Florida Statutes.

| 1. The name of the "Other Business Entity" immediately prior to the filing of the A FOCUSED SOLUTIONS, INC. EIN NUMBER 30-1252271 P20000038724  | articles of Conversion is:         |  |  |  |
|---|------------------------------------|--|--|--|
| (Enter Name of Other Business Entity)   | _ <del></del> '                    |  |  |  |
| 2. The "Other Business Entity" is a   | CORPORATION                        |  |  |  |
| (Enter entity type. Example: corporation, limited partnership, general partnership, c   | ommon law or business trust, etc.) |  |  |  |
| First organized, formed or incorporated under the laws of   |                                    |  |  |  |
| (Enter state, or if a non-U.S. entit  | y, the name of the country)        |  |  |  |
| 05/22/2020<br>on  |                                    |  |  |  |
| (date of organization, formation or incorporation)  |                                    |  |  |  |
| 3. The name of the Florida Limited Liability Company as set forth in the attached   | Articles of Organization:          |  |  |  |
| FOCUSED SOLUTIONS LLC   |                                    |  |  |  |
| (Enter Name of Florida Limited Liability Company)   | <u> </u>                           |  |  |  |
| 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 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, the |                                    |  |  |  |
| document's effective date on the Department of State's records.   | is date will not be listed as the  |  |  |  |
| 5. The plan of conversion has been approved in accordance with all applicable statu   | ites.                              |  |  |  |
| 6. The "Converted or Other Business Entity" has agreed to pay any members having ap which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.  | opraisal rights the amount to      |  |  |  |
|   | 15                                 |  |  |  |
|   | (%)<br>+ 7                         |  |  |  |
|   | :                                  |  |  |  |
|   | .v                                 |  |  |  |

| Signed this 27TH day of JANUARY   | 20 21  |
|---|--|
| signed this 27111 day of MANOAN1  |  |
| Signature of Authorized Representative of Lim   | ited Liability Company:  |
| Signature of Authorized Representative: Printed Name:JAMES GREEAR   | Title: PRESIDENT   |
| Signature(s) on behalf of Other Business Entity:  |  |
| Signature:  |  |
| Printed Name: JAMES GREEAR  | Title: PRESIDENT   |
| Signature:  |  |
| Signature: Printed Name:  | Title:   |
| Times rane.   |  |
| Signature:  |  |
| Printed Name:   | Title:   |
| Signature:  |  |
| Signature: Printed Name:  | Title:   |
|   |  |
| Signature: Printed Name:  | Title  |
| Timed Name.   |  |
| Signature:  |  |
| Printed Name:   | Title:   |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Ir |  |
| If Florida General Partnership or Limited Liabil Signature of one General Partner.  | ity Partnership:   |
| If Florida Limited Partnership or Limited Liabil Signatures of ALL General Partners.  | ity Limited Partnership:                                       |
| All others: Signature of an authorized person.  |  |
| <u>Fees:</u>  |  |
| Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:                         | \$25.00<br>\$125.00<br>\$30.00 (Optional)<br>\$5.00 (Optional) |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Na           |  |                                  |                                       |   |
|--------------------------|--|----------------------------------|---------------------------------------|---|
| The name of the L        | Limited Liability Company  | IS:                              |                                       |   |
|                          |  |                                  |                                       |   |
| FOCUSED SOLU             |  |                                  |                                       |   |
| (N                       | fust contain the words "Limited Lia  | bility Company.                  | "L.L.C., or "LLC. )                   |   |
| ARTICLE II - A           | ddress:  |                                  |                                       |   |
| The mailing addre        | ess and street address of the  | e principal o                    | ffice of the Limite                   | ed Liability Company is:                  |
| Principal Office         | Address:   | <u>Mailin</u>                    | g Address:                            |   |
| 707 VIA MILANO           |  | 70 <b>7</b> VI                   | A MILANO                              |   |
| APOPKA, FL 3271:         | 2  |                                  | (A, FL 32712                          | <del></del>                               |
|                          |  |                                  |                                       |   |
|                          |  |                                  | 0.00                                  | 0 C' 4                                    |
| (The Limited Liability C | Registered Agent, Registe<br>Company cannot serve as its own Re<br>active Florida registration.) | red Office,<br>egistered Agent.  | & Registered Ag You must designate an | ent's Signature:<br>individual or another |
| The name and the         | Florida street address of th   | a ranistared                     | agent are:                            |   |
| The name and the         | Piorida street address or ti   | ic registered                    | agent are.                            |   |
|                          | JAMES GREEAR   |                                  |                                       |   |
|                          | Na   | ame                              |                                       |   |
|                          | 707 VIA MILANO   |                                  |                                       |   |
|                          | Florida street address (F  | P.O. Box <b>N</b> (              | OT acceptable)                        |   |
|                          | APOPKA   | FL                               | 32712                                 |   |
|                          | City   | 11                               | Zip                                   |   |
|                          |  |                                  |                                       |   |
|                          | imed as registered agent an<br>pany at the place designate                                       |                                  |                                       | for the above stated limited              |
| revistered aven          | pany at the place designates<br>t and agree to act in this cal                                   | u in inis ceri<br>pacity. I furi | ther agree to comp                    | ly with the provisions of all             |
| statutes relativ         | ng to the proper and comple  | ete perfor <mark>m</mark> ai     | nce of my duties, a                   | nd I am familiar with and                 |
| accept the o             | bligations of my position as   | registered a                     | gent as provided f                    | or in Chapter 605, F.S.,                  |
|                          |  | ///                              |                                       |   |
|                          | 1/14/  | 1                                |                                       |   |
|                          | Registered Agent's S   | Signature (R                     | EQUIRED)                              | <b>~</b> 3                                |
|                          |  |                                  |                                       | 2   |
|                          | /<br>/CONT   | TAILUE DA                        |                                       | ٠.  |
|                          | (CONT  | INUED)                           |                                       | •   |

| 'AMBR" = Authorized Member<br>'MGR" = Manager | Name and Address:   |
|---|---|
| AMBR  | JAMES GREEAR<br>707 VIA MILANO  |
|   | APOPKA, FL 32712  |
|   |   |
|   |   |
|   |   |
| Use attachment if necessary)                  |   |
| LE V: Other provisions, if any.               |   |
|   | 7   |
| REQUIRED SIGNATURE:                           | 40 J.   |
| This document is executed in accordance       | r an authorized representative of a member se with section 605.0203 (1) (b). Florida Statutes. I am awarement to the Department of State constitutes a third degree |
|   |   |



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 9, 2021

JAMES GREEAR 707 VIA MILANO APOPKA, FL 32712

SUBJECT: FOCUSED SOLUTIONS LLC

Ref. Number: W21000032356

We have received your document for FOCUSED SOLUTIONS LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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.

WILLIAM LAWRENCE Regulatory Specialist II

Letter Number: 221A00005025