121000 311 435

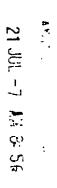
(Re	equestor's Name)		
(Address)			
(Address)			
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	ısiness Entity Nan	ne)	
(Do	ocument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		

Office Use Only



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J DENNIS
JUL 0 8 2021

COVER LETTER

TO:	New Filing S Division of C				
SHR	JECT:	Liazon1, LLC			
500		(Name of Res	sulting Florida Lim	mited Company)	
			=	ration, and fees are submitted to convert an "O any" in accordance with s. 605.1045, F.S.	ther
Pleas	e return all corr	espondence concernin	g this matter to:	o:	
R. W	illiam Graham				
		(Contact Person)			
		Liazon1, LLC			
	_	(Firm/Company)			
	12390 North	n West 78th Manor			
		(Address)			
	Parkland Flo	orida 33076			
	(City, State and Zip Code)			
billg@	@apat1.com			ſ	
E-	mail Address: (to b	oe used for future annual re	port notifications)	s) III	
For fi	irther informati	on concerning this ma	tter inlease call:	1.	
	illiam Graham		937	241 5300	
			at ()	
	(Name of Conta	act Person)	(Area Code	de) (Daytime Telephone Number)	
		for the following amou a bank located in the		s processed by this office must be payable in U	JS
(\$25 fo	50.00 Filing Fees or Conversion 5 for Articles ganization)	□S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Co	ing Fees S185.00 Filing Fees.	
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee.	ection Corporations 27		Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

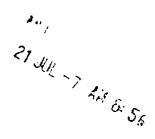
<u>Articles of Conversion</u>

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.

 The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Liazon1, LLC
(Enter Name of Other Business Entity)
limited liability company
7 The "Other Business Entity" is a
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
10/09/2020
on .
on (date of organization, formation or incorporation)
 The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Liazon1, 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.

Signed this 29 day of Jun	2021
Signature of Authorized Representative of Limi	ted Liability Company:
Si di Salai IB	/
Signature of Authorized Representative:	737 1 Managing Mambas
Printed Name: Robert W. Graham	Title: Managing Member
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature:	
Printed Name: R. William Graham	Title:member
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title
Timed Name	
Signature:	
Signature:Printed Name:	Title:
Signature:	92.1
Signature: Printed Name:	Title:
Signature:	
Printed Name:	Title:
-	
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an In-	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnorchin
Signature of one General Partner.	ty rarthership.
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL General Partners.	
Ail others:	
Signature of an authorized person.	
orginature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)
	-

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Liazon1, LLC	
(Must contain the words "Limited Liab	oility Company, "L.1C.," or "L1.C.")
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
12390 North West 78th Manor	12390 North West 78th Manor
Parkland Florida 33076	Parkland Florida 33076
business entity with an active Florida registration.) The name and the Florida street address of th R. William Graham Na	ume
12390 North West 78th	
	P.O. Box NOT acceptable)
Parkland ————————————————————————————————————	Florida 33076
City	Zip
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet accept the obligations of my position as	d to accept service of process for the above stated limited lin this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all te performance of my duties, and I am familiar with and registered agent as provided for in Chapter 605. F.S

(CONTINUED)

A	D	Τī		L	IV.	
	1.		•		v -	

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	R. William Graham
	12390 North West 78th Manor
(Use attachment if necessary)	
(Ose attachment if necessary)	
CLE V: Other provisions, if any.	
·-	
REQUIRED SIGNATURE:	
KEQUINED SKINATURE.	QI
Signature of a member or	an authorized representative of a member
This document is executed in accordance	e with section 605.0203 (1) (b). Florida Statutes. I am aware that iment to the Department of State constitutes a third degree felor
R. William Graham	
	and or printed name of signee

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)