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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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T. SCOTT



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June 4, 2021

DONALD WILLIAMS 443 DANIEL PARK CIR PONTE VEDRA, FL 32081

SUBJECT: PROCESS KONSULT, LLC

Ref. Number: W21000080695

We have received your document for PROCESS KONSULT, 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):

Conversion must be sign on behalf of other business enity.,

Please return the corrected original and one copy of 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.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 621A00012140

www.sunbiz.org

COVER LETTER

TO:	New Filing S Division of C				
SUR.	JECT: Process	Konsult, LLC			
		(Name of Re	sulting Florida Limi	ted Cor	mpany)
					nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Pleas	e return all corr	espondence concernin	g this matter to:		
Dona	ıld Williams				
		(Contact Person)		-	
Proce	ess Konsult, LLC				
		(Firm/Company)		=	
443 [Daniel Park Cir				
	-	(Address)		-	
Ponte	Vedra, FL 3208	1			
-	(1	City, State and Zip Code)		-	
don.v	villiams@process	konsult.com			
E-:	mail Address: (to b	e used for future annual re	port notifications)	•	
For fi	urther informati	on concerning this ma	tter, please call:		
Dona	ld Williams		_at (<u></u> 913	488-	2278
	(Name of Conta	ect Person)	(Area Code)	(Day	ytime Telephone Number)
		or the following amou a bank located in the	•	roces	sed by this office must be payable in US
(\$25 fc & \$12:	50.00 Filing Fees or Conversion 5 for Articles anization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy. and Certificate of Status
	Mailing Add New Filing So Division of C P.O. Box 632	ection orporations		New l Divis	t Address: Filing Section ion of Corporations 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 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: Process Konsult, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Company
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
11/21/2011 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 : Process Konsult, 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 3rd day of May	20
Signature of Authorized Representative of Lin	
Signature of Authorized Representative:	
Printed Name: Donald Williams	Title: Managing Member
Timed Name, Doridia Villagita	Title: Westergard Westeroes
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature:	
Printed Name: DONALD WILLIAMS	Title: MANAGWE MEMBER
Signatura	
Signature:Printed Name:	Title
rimed Name.	rite:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
·	
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	
If Florida General Partnership or Limited Liabil Signature of one General Partner.	lity Partnership:
If Florida Limited Partnership or Limited Liabil Signatures of ALL General Partners.	lity Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00 \$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)
Certificate of Status.	astoo (Opuonai)

Process Konsult,		ability Company, "L.L.C.," or "LLC.")	
		ionity Company. C.E.C. of EEC.)	
ARTICLE II - A		main aim 1 - 60 and -6 4b a Limited Liability Common	1.
The maning addi	ess and street address of th	e principal office of the Limited Liability Compan	1 y 18
Principal Office	Address:	Mailing Address:	
443 Daniel Park C	ir	443 Daniel Park Cir	
TTO Durners ask C		Ponte Vedra, FL 32081	
ARTICLE III - The Limited Liability business entity with a	Registered Agent, Registe Company cannot serve as its own F n active Florida registration.)	ered Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another	
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Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	Donald Williams
WOK	443 Daniel Park Cir
	Ponte Vedra, FL 32081
MGR	Anne Williams
·	443 Daniel Park Cir
	Ponte Vedra, FL 32081
(Use attachment if necessary)	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	

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.

Typed or printed name of signee Filing Fees

ARTICLE IV-

Donald Williams