# L21000329653

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(bocument Nomber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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SECREDITY OF STATE

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#### **COVER LETTER**

TO:	New Filing S				
	Division of C	corporations			
SUB.	JECT: Grant &	Associates LLC			
		(Name of Res	ulting Florida Limit	od Cor	пралу)
					nd fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Pleas	e return all corr	espondence concernin	g this matter to:		
Tania	Bartolini				
		(Contact Person)			
Salas	Law Firm, P.A.				
		(Firm/Company)			
3511	W Commercial B	lvd., Suite 304			
		(Address)			
Fort L	auderdale, FL 33	3309			
	(•	City, State and Zip Code)			
tania(	@salaslawfirmpa.	.com			
E-1	mail Address: (to b	e used for future annual re	port notifications)		
For fu	urther informati	on concerning this ma	tter, please call:		
Tania	Bartolini		_at (	368-4	4050
	(Name of Conta	ct Person)	(Area Code)	(Day	rtime Telephone Number)
Enclo dollar	osed is a check f rs and drawn on	or the following amou a bank located in the	nt: (All checks pr United States)	rocess	sed by this office must be payable in US
(\$25 fc & \$125	50.00 Filing Fees or Conversion 5 for Articles anization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Addr New Filing So Division of C	ection	Ī	New	t Address: Filing Section ion of Corporations

The Centre of Tallahassee

Tailahassee, FL 32303

2415 N. Monroe Street, Suite 810

INHS11 (7/17)

P.O. Box 6327

Tallahassee, FL 32314



June 14, 2021

TANIA BARTOLINI SALAS LAW FIRM, P.A. 3511 W. COMMERCIAL BLVD., SUITE 304 FORT LAUDERDALE, FL 33309

SUBJECT: GRANT & ASSOCIATES, LLC

Ref. Number: W21000069386

We have received your document for GRANT & ASSOCIATES, 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):

Correct the name on the Certificate of Conversion on #3.

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.

Neysa Culligan Regulatory Specialist III

Letter Number: 121A00010438

2021 J. 15 PH 2: 11

## For "Other Business Entity" Into

SECRE ACCORDESTATE
TALLAMASSEE, FL

#### 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 Hing of the Articles of Conversion is:
Grant & Associates Inc (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(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)
2/23/1988 on .
2/23/1988 on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Grant & Associates of Florida 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 day of	20
<u>Signatı</u>	re of Authorized Representativ	ve of Limited Liability Company:
		Jeffrey S. Grant
Signatu	re of Authorized Representative:	ID MVDDa Incat I HHAL TriansPresi II W
Printed	Name: Jeffrey S. Grant	Title: MGR
<u>Signatu</u>	re(s) on behalf of Other Busines	s Entity: [See below for required signature(s)]
Signatur	re: ID MygDgJpeaUHH4JuAadPxFgUW	) 
Printed	Name: Jeffrey S. Grant	Title: President
Signatu	re:	771.1
Printed	Name:	Title:
Signatur	re:	
Printed	Name:	Title:
Signatu	re:	Title:
Printed	Name:	Title:
Signatur	re:	
Printed	Name:	Title:
	<del>.</del>	<del></del>
Signatu	re:	<del></del>
Printed	Name:	Title:
If Flori	da Corporation:	
	re of Chairman, Vice Chairman, D	Director, or Officer.
	tors or Officers have not been sele	
	da General Partnership or Limit	ted Liability Partnership:
Signatur	re of one General Partner.	
	da Limited Partnership or Limit res of <u>ALL</u> General Partners.	ted Liability Limited Partnership:
2		
All othe	ers:	
Signatu	re of an authorized person.	
Fees:		
	Articles of Conversion:	\$25.00
	Fees for Florida Articles of Orga	
	Certified Copy:	\$30.00 (Optional)
	Certificate of Status:	\$5.00 (Optional)

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compa	ny is:	
Grant & Associates of Florida LLC		
(Must contain the words "Limited	Liability 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:	<b>Mailing Address:</b>	
4010 S. Ocean Drive	4010 S. Ocean Drive	
Suite 3509	Suite 3509	
Hollywood, FL 33019	Hollywood, FL 33019	
2601 East Oakland Park	Name	2821 JUL 15 PM 1: 12 SECRE: TALL/JHASSEE, FL
Fort Lauderdale	<sub>EL</sub> 33306	TATI FL
City	Zip	Li
Having been named as registered agent liability company at the place designate registered agent and agree to act in this estatutes relating to the proper and compacted the obligations of my position  Tania Barbelini  Guidelle and Agent  Registered Agent	ited in this certificate, I hereby acc capacity. I further agree to comply plete performance of my duties, an	ept the appointment as with the provisions of all d I am familiar with and

(CONTINUED)

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

4010 S. Ocean Drive, Suite 3509 Hollywood, FL 33019  Sessary)  Carry Suite 3509 Hollywood, FL 33019  Carry Suite 3509 Hollywood, FL 33019 Hollywood, F	"MGR" = Manager MGR	Jeffrey S. Grant
essary)  Signature of the state		
essary)  S. if any.  e Company is organized is to transact any lawful busienss for which a		Hollywood, FL 33019
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s, if any. e Company is organized is to transact any lawful busienss for which a	(Use attachment if necessary)	
e Company is organized is to transact any lawful busienss for which a		rri i
	ICLE V: Other provisions, if any.	
organized under the laws of the State of Florida. The		

REQUIRED SIGNATURE:

Jeffrey S. Grant

ID MYDDGJOONUNHHAJUKAOPET DUW

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.

Jeffrey S. Grant

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)