L21000410054

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





900373046999

09/15/21--01013--026 **180.00

J DENNIS

SEP 17 2021

COVER LETTER

Division of C	orporations				
SUBJECT, ACCOM	PLISHED CONSULTING	TEAM LLC			
SUBJECT:	(Name of Res	ulting Florida Lii	mited Con	npany)	
The enclosed Article Business Entity" into	s of Conversion, Artic a "Florida Limited Li	les of Organiza ability Compa	ation, an ny" in a	d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.	
Please return all corr	espondence concernin	g this matter to);		
Anthony Morales					
	(Contact Person)				
MyUSACorporation.co	m				
	(Firm/Company)				
1 Radisson Plaza, Sui	te 800				
	(Address)				
New Rochelle, NY 108	301				
(1	City, State and Zip Code)				
info@myusacorporatio	n.com				
E-mail Address: (to b	oe used for future annual re	port notifications)		
For further informati	on concerning this ma	tter, please cal	1:		
Anthony Morales		at (⁸⁷⁷	3302	677	
(Name of Conta	act Person)		de) (Day	ytime Telephone Number)	
	for the following amou a a bank located in the	•	-	sed by this office must be payable in US	
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	S180.00 Fili and Certified C		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
Mailing Add	ress:		Stree	t Address:	
New Filing S	ection			Filing Section	
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee		
F.O. DOX 032	<u>.</u> /		THE	JUILLA OF FARIANGSSOC	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

TO: New Filing Section

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: ACCOMPLISHED CONSULTING TEAM LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LLC (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
03/22/2019
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
ACCOMPLISHED CONSULTING TEAM 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 1st day of September	20_21
Signature of Authorized Representative of Limit	ed Liability Company:
Signature of Authorized Representative: Man	1 1 man
Signature of Authorized Representative:	Title: MEMBER
Filmed Name, Mora ALL 1001	Title.
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]
Signature: Mad Two Printed Name: MICHAEL TUCK	
Printed Name: MICHAEL TUCK	Title: MEMBER
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	_ Title:
Signature	
Signature:Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnershin:
Signature of one General Partner.	A DI TREADISE
If Florida Limited Partnership or Limited Liability	ty Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
All others:	
Signature of an authorized person.	
Fees:	
A minimum of Community or	\$25.00
Articles of Conversion:	\$25.00 \$125.00
Fees for Florida Articles of Organization:	\$125.00 \$30.00 (Optional)
Certified Copy: Certificate of Status:	\$5.00 (Optional)
CELLIFICATE OF STATUS.	ψυ.νο (Φρασμαι)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	;
ACCOMPLISHED CONSULTING TEAM LLC (Must contain the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2512 BEECH ST.	2512 BEECH ST.
PANAMA CITY, FL 32408	PANAMA CITY, FL 32408
business entity with an active Florida registration.) The name and the Florida street address of the MICHAEL TUCK Name	
2512 BEECH ST.	
Florida street address (P.C	D. Box <u>NOT</u> acceptable)
PANAMA CITY	FL 32408
City	Zip
liability company at the place designated i registered agent and agree to act in this capa statutes relating to the proper and complete	
Vektateten Whent a 218	Summe (VECOUVED)

(CONTINUED)

A	D	TI	CI	T	IV_{-}
				4 6 4	

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

Title:	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager	MICHAEL THOW		
AMBR	MICHAEL TUCK 2512 BEECH ST.		
	PANAMA CITY, FL 32408		
	TANAMA OTTI, TE DE 190		

(Use attachment if necessary)			
(Ose attachment if necessary)			
LE V: Other provisions, if any.			
REQUIRED SIGNATURE:			
Mund 7			
Mund 2	uc		
This document is executed in accordance	r an authorized representative of a member re with section 605.0203 (1) (b). Florida Statutes. I am aware t ument to the Department of State constitutes a third degree fel		
	MICHAEL TUCK		
	yped or printed name of signee		
*.	Filing Fees		
	of Opening tion and Designation of Designation		

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)