# L21000443061

(Re	questor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	 ty/State/Zip/Phone	· #)
<b>\-</b>	,	.,
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
(50	, out in the individual y	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	•	
<u> </u>		





100374617601

10/08/21--01022--010 \*\*150.00

2021 OCT -8 4H 9: 25 SUCRE LUCTV- STATE

## To: FL Secretary of State Corporation Division

Please find one Articles of Conversion and New Articles in order to domesticate:

Perrella consulting LLC

Please find enclosed a check for \$150 for the certificate of conversion and the new articles of organization.

If there are any questions regarding this filing, please call Jessica Marschke at 1-800-981-7183 ext. 1267618

#### Please return all completed documents to:

Attn: Filing Department 8020 Excelsior Drive, Suite 200 Madison, WI 53717

Best Regards,

Filing Department Business Filings Incorporated

2021 GET -8 AM 9: 25 SECREMAN IN STATE

#### Articles of Conversion For "Other Business Entity"

### Into Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045. Florida Statutes.

(Enter Name of Other But	siness Entity)
2. The "Other Business Entity" is a LLC	
(Enter entity type: E	ixample: corporation, limited partnership, tip, common law or business trust, etc.)
First organized, formed or incorporated under the law 5/20/2020	vs of New Jersey
5/20/2020	(Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Compar	ny as set forth in the attached Articles of Organization:
Perrella consulting LLC	
(Enter Name of Florida Limited Li	ability Company)
· •	receipt or filed date nor more than 90 days after the nent of State; <u>AND</u> 2) must be the same as the effective

Page 1 of 2

Signed this 7th day of October	20
Signature of Authorized Representative of Limi	ited Liability Company:
Signature of Authorized Representative: Printed Name: Patrick Perrella	7 1 —
Signature of Authorized Representative:	Title: Member
Frinted Name: Fathick Ferreira	Title: Member
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s).]
Signature: Patrick Perrella	
Printed Name: Patrick Perrella	Title: Member
Signature:	
Printed Name:	Title:
Cianatura	
Signature: Printed Name:	Title:
· · · · · · · · · · · · · · · · · · ·	
Signature:	
Signature:Printed Name:	Fitle:
Signature:Printed Name:	
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 Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabilit	ty Limited Partnership
Signatures of ALL General Partners.	ty Billinea Farther Sirip.
All others:	
Signature of an authorized person.	
<u>Fees:</u>	
Aminto of Communication	ene wa
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization: Certified Copy:	\$125.00 \$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)
	onios (opinioni)

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:	
The name of the Limited Liability Con	apany is:
Perrella consulting LLC	
(Must end with the words "Lin	nited Liability Company, "L.I. C.," or "LLC.")
ARTICLE II - Address:	
	of the principal office of the Limited Liability Company is:
The maining address and street address	or the principal office of the Elimited Liability Company is:
Principal Office Address:	Mailing Address:
<del>-</del>	
5983 Painted Leaf Dr	5983 Painted Leaf Dr
Winter Garden, FL 34787	Winter Garden, FL 34787
A DOMESTIC CO. AND AND ADDRESS OF THE CO.	
AKTICLE, III - Registered Agent, Ri	wistered Office & Registered Agent's Signature

The name and the Florida street address of the registered agent are:

business entity with an active l'Iorida registration )

Patrick Perrella	
Nan	ie
5983 Painted Leaf Dr	
Florida street address (P.C	). Box <u>NOT</u> acceptable)
Winter Garden	FL 34787
City	Zip

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

Patrick Perrella

(CONTINUED)

Page 1 of 2

Company:	
Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	Patrick Perrella
AWON	5983 Painted Leaf Dr
	Winter Garden, Florida 34787
	SEC 25
	<u> </u>
	<u> </u>
	STATE FL
	——————————————————————————————————————
<del>· · · · · · · · · · · · · · · · · · · </del>	
(Use attachment if necessary)	
reffective date is listed, the date must	ne date of filing:
ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.) ICLE VI: Other provisions, if any.	ne date of filing:
effective date is listed, the date must 90 days after the date of filing.)	ne date of filing:
effective date is listed, the date must 90 days after the date of filing.)	ne date of filing:
effective date is listed, the date must 90 days after the date of filing.)	ne date of filing:
effective date is listed, the date must 90 days after the date of filing.)	ne date of filing:
effective date is listed, the date must 90 days after the date of filing.)  CLE VI: Other provisions, if any.	ne date of filing:
effective date is listed, the date must 90 days after the date of filing.)  ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	t be specific and cannot be more than five business days
effective date is listed, the date must 90 days after the date of filing.)  ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member	t be specific and cannot be more than five business days
effective date is listed, the date must 90 days after the date of filing.)  ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member (In accordance with section 605.0203)	er or an authorized representative of a member.  (1) (b), Florida Statutes, the execution of this document
REQUIRED SIGNATURE:  Signature of a member (In accordance with section 605.0203 (constitutes an affirmation under the per	er or an authorized representative of a member.  (1) (b), Florida Statutes, the execution of this document malties of perjury that the facts stated herein are true.
effective date is listed, the date must 90 days after the date of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of a mem	er or an authorized representative of a member.  (1) (b), Florida Statutes, the execution of this document malties of perjury that the facts stated herein are true, ubmitted in a document to the Department of State
REQUIRED SIGNATURE:  Signature of a member	er or an authorized representative of a member.  (1) (b), Florida Statutes, the execution of this document malties of perjury that the facts stated herein are true, ubmitted in a document to the Department of State
REQUIRED SIGNATURE:  Signature of a member	er or an authorized representative of a member.  (1) (b), Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are true, ubmitted in a document to the Department of State vided for in s.817.155, F.S.)
REQUIRED SIGNATURE:  Signature of a member	er or an authorized representative of a member.  (1) (b), Florida Statutes, the execution of this document malties of perjury that the facts stated herein are true, ubmitted in a document to the Department of State
REQUIRED SIGNATURE:  Signature of a member	er or an authorized representative of a member.  (1) (b), Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are true, ubmitted in a document to the Department of State vided for in s.817.155, F.S.)
REQUIRED SIGNATURE:  Signature of a member	er or an authorized representative of a member.  (1) (b). Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are true, ubmitted in a document to the Department of State vided for in s.817.155, F.S.)  Exped or printed name of signee
REQUIRED SIGNATURE:  Signature of a member of an aware that any false information should be represented by the period on stitutes a third degree felony as proved the period of the peri	er or an authorized representative of a member.  (1) (b), Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are true, ubmitted in a document to the Department of State vided for in s.817.155, F.S.)
REQUIRED SIGNATURE:  Signature of a member	er or an authorized representative of a member.  (1) (b), Florida Statutes, the execution of this document natties of perjury that the facts stated herein are true, ubmitted in a document to the Department of State vided for in s.817.155, F.S.)  Exped or printed name of signee

Page 2 of 2