# 1710000462629

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



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October 14, 2021

ROBERT ELWELL 10380 RED COACH ST SPRING HILL, FL 34608 US

SUBJECT: PROCAD TECHNOLOGIES, LLC

Ref. Number: W21000136602

We have received your document for PROCAD TECHNOLOGIES, 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):

Only non-United States entities may become a domestic limited liability company as stated in section 605.1052, Florida Statutes. You may want to explore one of the conversion options. Please return to our website sunbiz.org to download the appropriate form.

It appears you are attempting to convert your entity into a Florida "LLC." However, it appears you have submitted the worng forms. Please complete the attached forms and submit them back to our office for processing.

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.

Jalesa S Dennis Regulatory Specialist II

Letter Number: 321A00025033

#### **COVER LETTER**

TO: New Filing Sect Division of Con					
SUBJECT: Procad Tec					
SUBJECT:	(Name of Resi	ilting Florida Limit	ed Com	pany)	
The enclosed Articles o Business Entity" into a	f Conversion, Articl "Florida Limited Lis	es of Organization	on, and '' in ac	I fees are submitted to convert a cordance with s. 605.1045, F.S.	n "Other
Please return all corresp	oondence concerning	this matter to:			
Robert Elwell					
	(Contact Person)				
Procad Technologies, LL	С				
	(Firm/Company)				
10380 Red Coach St					
	(Address)				
	(Madrelle)				
Spring Hill, FL 34608					
,	y, State and Zip Code)				
bob@procad-tech.com			-		
E-mail Address: (to be	used for future annual re	port notifications)			
For further information	concerning this ma	tter, please call:			
Robert Elwell		. 352	600-7	7473	
(Name of Contact	Person)	(Area Code	(Day	rtime Telephone Number)	
	r the following amou	int: (All checks p United States)	process	sed by this office must be payab	le in US
(\$25 for Conversion	S155.00 Filing Fees and Certificate of Status	☐\$180,00 Filing and Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
Mailing Addre	ess:		Stree	t Address:	
New Filing Sec	ction			Filing Section	,
Division of Co				ion of Corporations	
P.O. Box 6327			ine	Centre of Tallahassee	``

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

INHS11 (7/17)

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:  Procad Technologies, 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
on (date of organization, formation or incorporation)  (Enter state, or if a non-U.S. entity, the name of the country)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Procad Technologies, 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 15	day of October	20.21
Signature of A	uthorized Representative of Limit	ed Liability Company:
Signature of Au Printed Name: R	uthorized Representative: Hove Robert Elwell	True: President
	behalf of Other Business Entity: 18	See below for required signature(s)
Signature: 70 Printed Name: 8	Robert Elwell	Title: President
Signature: Printed Name:_		_ Title:
Signature: Printed Name:_		_ Title:
Signature: Printed Name:_		Title:
Signature: Printed Name:_		_ Title:
Signature: Printed Name:_		Title:
	poration: nairman, Vice Chairman, Director, or C Officers have not been selected, an Inc	
	eral Partnership or Limited Liabilit e General Partner.	y Partnership:
	ited Partuership or Limited Liabilit LL General Partners.	v Limited Partnership:
All others: Signature of an	authorized person.	
Fees:		
Fees fo Certifie	s of Conversion: or Florida Articles of Organization: ed Copy: cate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - : The name of the	Name: e Limited Liability Company	is:			
Procad Technology					
	(Must contain the words "Limited Liab	nility Company, "L.L.C.," or "LLC.")			
ARTICLE II - The mailing ad		principal office of the Limited Liability Company is			
Principal Offic	ce Address:	Mailing Address:			
10380 Red Coach St		10380 Red Coach St			
TUSBU Red Coal	ch St	10380 Red Coach St			
Spring Hill, Ft 3	- Registered Agent, Registe	Spring Hill. FL 34608  red Office, & Registered Agent's Signature:			
ARTICLE III (The Limited Liabil business entity with	- Registered Agent, Registe	Spring Hill. FL 34608  red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another			
ARTICLE III (The Limited Liabil business entity with	- Registered Agent, Registe ity Company cannot serve as its own Re h an active Florida registration.) the Florida street address of the	Spring Hill. FL 34608  red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another ne registered agent are:			
ARTICLE III (The Limited Liabil business entity with	- Registered Agent, Registe ity Company cannot serve as its own Re h an active Florida registration.) the Florida street address of the	Spring Hill. FL 34608  red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another			
ARTICLE III (The Limited Liabil business entity with	- Registered Agent, Registe ity Company cannot serve as its own Re h an active Florida registration.) the Florida street address of the	Spring Hill. FL 34608  red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another ne registered agent are:			
ARTICLE III (The Limited Liabil business entity with	- Registered Agent, Registe ity Company cannot serve as its own Re h an active Florida registration.) the Florida street address of th  Robert Elwell  No. 10380 Red Coach St	Spring Hill. FL 34608  red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another ne registered agent are:			
ARTICLE III (The Limited Liabil business entity with	- Registered Agent, Registe ity Company cannot serve as its own Re h an active Florida registration.) the Florida street address of th  Robert Elwell  No. 10380 Red Coach St	Spring Hill. FL 34608  red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another ne registered agent are:			

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, I hereby 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)

(CONTINUED)

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Robert Elwell
	10380 Red Coach St
	Spring Hill, FL 34608
	, •
	1.
	V.A.
(Use attachment if necessary)  CLE V: Other provisions, if any.	
	lwell
This document is executed in accord	r or an authorized representative of a member dance with section 605.0203 (1) (b), Florida Statutes. I am aware the document to the Department of State constitutes a third degree felor
Robert Elwell	
	Typed or printed name of signee
	Filing Food

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)