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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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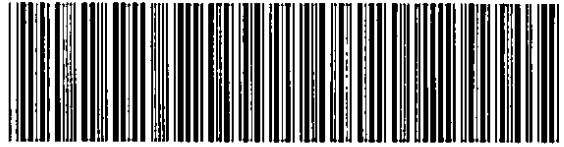
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Action Behavioral Consulting LLC  
(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Ange D. Sprunger  
(Contact Person)

Action Behavioral Consulting LLC  
(Firm/Company)

254 Tampa Avenue West, unit 2A  
(Address)

Venice FL, 34285  
(City, State and Zip Code)

angedsprunger@gmail.com  
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Ange D. Sprunger at ( 203 ) 641-0308  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

<input type="checkbox"/> \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	<input type="checkbox"/> \$155.00 Filing Fees and Certificate of Status	<input type="checkbox"/> \$180.00 Filing Fees and Certified Copy	<input checked="" type="checkbox"/> \$185.00 Filing Fees. Certified Copy, and Certificate of Status
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**Mailing Address:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

New Filing Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 9, 2021

ANGE D. SPRUNGER  
254 TAPA AVE W UNIT 2A  
VENICE, FL 34285

SUBJECT: ACTION BEHAVIORAL CONSULTING LLC  
Ref. Number: W21000145341

We have received your document for ACTION BEHAVIORAL CONSULTING LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must be signed by an authorized person.

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.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 121A00027278

**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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:

Action Behavioral Consulting 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 Rhode Island  
(Enter state, or if a non-U.S. entity, the name of the country)

on 10-21-16  
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

Action Behavioral Consulting LLC  
(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: Effective on date of filing  
(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.

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Signed this 28<sup>th</sup> day of October 2021.

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative: Ange D. Sprunger  
Printed Name: Ange D. Sprunger Title: Manager / Owner / Behavior Analyst

**Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]**

Signature: Ange D. Sprunger  
Printed Name: Ange D. Sprunger Title: Manager / Owner / Behavior Analyst

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

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 Officer.  
If Directors or Officers have not been selected, an Incorporator must sign.

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**All others:**

Signature of an authorized person.

**Fees:**

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
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 Company is:

Action Behavioral Consulting LLC.

(Must contain the words "Limited Liability Company," "LLC," or "LLC.")

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

### Principal Office Address:

### Mailing Address:

Action Behavioral Consulting LLC      Action Behavioral Consulting  
254 Tampa Avenue West, unit 2A      254 Tampa Avenue West, unit  
Venice, FL. 34285      Venice FL. 34285

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Ange D. Sprunger

Name

2486 Sonoma Drive West

Florida street address (P.O. Box **NOT** acceptable)

NoKomis      FL 34275

City

Zip

*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..*

Ange D. Sprunger

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

AMBR

\_\_\_\_\_

\_\_\_\_\_

**Name and Address:**

Ange D. Sprunger  
2486 Sonoma Drive west  
NoKomis, FL. 34275

Rene Sprunger  
2486 Sonoma Drive west  
NoKomis, FL. 34275

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(Use attachment if necessary)

**ARTICLE V: Other provisions, if any.**

Ange D. Sprunger owns 97 % of the business and is manager over 97 % of all decisions. Rene owns 3 % of the business and is an authorized member over 3 % of decisions. In the event Ange D. Sprunger is deceased  
**REQUIRED SIGNATURE:** Rene can execute the Plans Ange specifies in advance in the event of that contingency

Ange D. Sprunger

**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.

Ange D. Sprunger

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)