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(Cit	ry/State/Zip/Phone	<del>9</del> #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	-	

Office Use Only



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# **COVER LETTER**

TO: New Filing Section Division of Corporations		
SUBJECT: Tijaka Consulting and Design L	LC	
	esulting Florida Limit	ed Company)
The enclosed Articles of Conversion, Arti Business Entity" into a "Florida Limited I		on, and fees are submitted to convert an "Other" in accordance with s. 605.1045, F.S.
Please return all correspondence concerni	ng this matter to:	
Timothy M. Trenary		
(Contact Person)		
Tijaka Consulting and Design LLC		
(Firm/Company)		
2643 Wyndsor Oaks Way		
(Address)		
Winter Haven, FL 33884		
(City, State and Zip Code)	<u> </u>	
tim@tijakacanddllc.com	•	
E-mail Address: (to be used for future annual)	report notifications)	
	•	
For further information concerning this m	atter, please call:	
Timothy M. Trenary	at ( <mark>702</mark>	238-6277
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amodollars and drawn on a bank located in the	· •	rocessed by this office must be payable in US
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) □\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing and Certified Cop	
Mailing Address:		Street Address:
New Filing Section		New Filing Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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:  Tijaka Consulting and Design LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation, limited partnership, general partnership, common law or business trust, etc.
(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)
3/9/2021 on
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Tijaka Consulting and Design 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.



### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:	
The name of the Limited Liability Co.	mpany is:
T" 1 0 1 1 1 1 1	
Tijaka Consulting and Design LLC	
(Must contain the words "Lin	nited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	s of the principal office of the Limited Liability Company is:
The maring address and street addres.	s of the principal office of the Ellined Elaonity Company is.
Principal Office Address:	Mailing Address:
2643 Wyndsor Oaks Way	2643 Wyndsor Oaks Way
Winter Haven, FL 33884	Winter Haven, FL 33884
	Registered Office, & Registered Agent's Signature:
business entity with an active Florida registration	is own Registered Agent. You must designate an individual or another)
The name and the Florida street addre	ss of the registered agent are:
Timothy M. Trenany	

Timothy M. Trenary	
Na	ime
2643 Windsor Oaks Way	
Florida street address (F	P.O. Box NOT acceptable)
Winter Haven	FL 33884
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..





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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			
AMBR	Timothy M. Trenary		
<del></del>	2643 Wyndsor Oaks Way		
	Winter Haven. FL 33884		
<del></del>			
	<del></del>		
(Use attachment if necessary)			
(See amonitoria in necessiany)			
ICLE V: Other provisions, if any.			
provident, and			
<del></del>			
DECHIDED SIGNATURE.			

### REQUIRED SIGNATURE:

Timothy M. Trenary of Cots Elemonated Com O. Tema Consumo

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.

Timothy M. Trenary

Typed or printed name of signee

Filing Fees

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