12200073261

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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02/07/22--01042--019 **150.00



COVER LETTER

	Filing S sion of C	Section Corporations						
SUBJECT:	Farris	Solutions LLC						
		(Name of Re	sulting Florida Limi	ted Con	ipany)			
		s of Conversion, Artic o a "Florida Limited L						Other
Please return	all con	espondence concernin	g this matter to:					
Mariana Fa	arris			_				
		(Contact Person)						
				_				
		(Firm/Company)						
3050 Jarvis	s St							
		(Address)		-				
Holiday, Fl	_, 34690)						
		City. State and Zip Code)		=				
marianafar	ris@pro	tonmail.com						
E-mail Add	Iress: (to b	e used for future annual re	port notifications)	-				
For further i	nformati	on concerning this ma	tter, please call:					
Mariana Fa	arris		at (919 _) 59	7-8081			
(Nam	e of Conta	et Person)) (Day	time Telephone Number)	_		
		or the following amou a bank located in the	-	process	sed by this office must	be paya		US
S \$150.00 Fil (\$25 for Conve & \$125 for Art of Organization	ersion ieles	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		S185.00 Filing Fees, Certified Copy, and Certificate of Status		2022 FEB -7	g 7 44 e
New Divis P.O.	Box 632	ection orporations		New I Divisi The C 2415	Address: Filing Section on of Corporations entre of Tallahassee N. Monroe Street, Suinassee, FL 32303	: . ne 810	AT 10:01	÷-

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.

Statutes.	
1. The name of the "Other Business Entity" immediatel	y prior to the filing of the Articles of Conversion is:
Farris Solutions LLC	
(Enter Name of Other Busine	ss Entity)
2. The "Other Business Entity" is a	Limited Liability Company
2. The "Other Business Entity" is a	rtnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of	North Carolina
	Enter state, or if a non-U.S, entity, the name of the country)
on July 6th, 2018	
on July 6th, 2018 (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company a	is set forth in the attached Articles of Organization:
Farris Solutions LLC	<u>,</u>
(Enter Name of Florida Limited Liabil	ity Company)
4. If not effective on the date of filing, enter the effective	e date: 02/01/2022 .
(The effective date: Cannot be prior to date of receipt the date this document is filed by the Florida Departing Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	nent of State.)
5. The plan of conversion has been approved in accordan	ce with all applicable statutes.
6. The "Converted or Other Business Entity" has agreed to which such members are entitled under ss. 605,1006 and	pay any members having appraisal rights the amount to 1 605.1061-605.1072, F.S.
	7022 1AL

Signed this <u>'1st</u> day of <u>February</u>	202	
Signature of Authorized Representative of Lin		
Signature of Authorized Representative: Cox. Printed Name: Mariana Farris	Title: President	
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)	•
Signature: Pariona L. Forces Printed Name: Mariana Farris		
Printed Name: Mariana Farris	Title: President	
Signature: Russell Farris Printed Name: Russell Farris		
Printed Name: Russell Farris	Title: CEO	<u> </u>
Signature:Printed Name:	Title:	
Signature:Printed Name:	Title:	<u> </u>
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 In	corporator must sign.	
If Florida General Partnership or Limited Liabili	ity Partnarshin	
Signature of one General Partner.	ity i artifersing.	
If Florida Limited Partnership or Limited Liabili	to I instead Boots and its	
Signatures of <u>ALL</u> General Partners.	ty Limited Farthership:	
All others:		
Signature of an authorized person.		
Fees:		
Articles of Conversion:	\$25.00	
Fees for Florida Articles of Organization:	\$125.00	
Certified Copy: Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)	
	•	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limi	ted Liability Company	is:		
(Must e	Farris Solu			,
ARTICLE H - Address a	· - · ·	principal o	ffice of the Lim	nited Liability Company is:
Principal Office Add	ress:	<u>Mailin</u>	g Address:	
3050 Jarvis St Holiday, FL. 34690			larvis St v. FL, 34690	
(The Limited Liability Compa business entity with an active	stered Agent, Register my cannot serve as its own Reg Florida registration.) ida street address of the	gistered Agent.	You must designate	
	Mariana			
	Nai	ne		
	3050 Ja			
F	orida street address (P.	O. Box <u>NO</u>	or acceptable)	
	Holiday	FL	34690	
	City		Zip	
liability company registered agent and statutes relating to	at the place designated agree to act in this capa the proper and complete	in this certi acity. I furth experforman exgistered ag	ficate, I hereby her agree to con ice of my duties, gent as provided	s for the above stated limited accept the appointment as apply with the provisions of all and I am familiar with and I for in Chapter 605, F.S

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:				
"MGR" = Authorized Member					
"MGR" = Manager MGR	Mariana Farris				
	3050 Jarvis St				
	Holiday, FL. 34690				
MGR	Russell Farris				
	3050 Jarvis St				
	Holiday, FL. 34690				
(Use attachment if necessary)					
SIGUE Ve Other manifolia (18)					
TICLE V: Other provisions, if any.	221 FAL				
REQUIRED SIGNATURE: 🔾	Pariana L. Farris				
	0				
·	01				

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.

Mariana Farris

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)