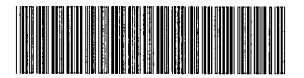
12200116204

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| , |
| (City/Chats Zis/Dhans 49 |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| FICK-OF WATE |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| , |
| Cadified Carina Cadificates of Chates |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |
| |
| 42000022362 |
| MAN VOU |

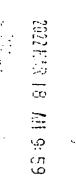
Office Use Only



700380550787

02/07/22--01042--020 **101.00

3/27/22



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 22, 2022

MICHAEL PETERSON 11527 WATER POPPY TER LAKEWOOD RANCH, FL 34202

SUBJECT: PETERSON CONSULTING GXP LLC

Ref. Number: W22000022362

We have received your document for PETERSON CONSULTING GXP 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):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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.

Karen Lovelace Regulatory Specialist II

Letter Number: 022A00004335

www.sunbiz.org

COVER LETTER

| то: | New Filing Sec Division of Cor | | | | | | | | |
|--------------------|---|---|-------------|---------------------------------------|------------------|--|---------|------------|-------|
| CHDI | | onsulting GXP LLC | | | | | | | |
| SUBJ | ECT: | (Name of Res | ulting | Florida Limite | ed Cor | mpany) | _ | | |
| | | • | | _ | | nd fees are submitted to ecordance with s. 605. | | | Other |
| Please | return all corresp | oondence concerning | g this | matter to: | | | | | |
| Michae | el Peterson | | | | | | | | |
| | | (Contact Person) | | · | | | | | |
| Peters | on Consulting GXF | LLC | | | | | | | |
| | | (Firm/Company) | | | | | | | |
| 11527 | Water Poppy ter | | | | | | | | |
| | | (Address) | | | | | | | |
| Lakew | ood Ranch, FL 342 | 202 | | | | | • • • • | 200 | |
| | | . State and Zip Code) | | · · · · · · · · · · · · · · · · · · · | | | | 2021113 | , |
| peteco | ngxp@gmail.com | . State and Zip Code) | | | | | | | |
| | | sed for future annual rep | oort no | ntifications) | | | | <u>5</u>) | |
| | | · | | | | | | 7-7-1 | • |
| For fur | ther information | concerning this mat | ter, p | lease call: | | | | Ä | |
| Michae | l Peterson | | at (| 763 | 478- | 7153 | | 59 | |
| | (Name of Contact) | Person) | \- | (Area Code) | (Day | time Telephone Number) | | | |
| dollars 🗖 \$150 | and drawn on a l | the following amoubank located in the US155.00 Filing Fees and Certificate of | Jnite □s | - | ² ૯૯૬ | sed by this office must \$\$185.00 Filing Fees. Certified Copy, and | be paya | ble in | US |
| • | for Articles S | tatus | and | serance copy | , | Certificate of Status | | | |
| | Mailing Address New Filing Sect Division of Corp P.O. Box 6327 | ion | | ì | New I Divisi | t Address: Filing Section ion of Corporations 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: Peterson Consulting GXP LLC |
|---|
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a |
| (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) |
| 02/27/2012 |
| (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| Peterson Consulting GXP |
| (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 | 01 day of February | 20 <u>22</u> |
|-----------------------------|--|--|
| | of Authorized Representative of I | |
| 6.1 | m m | ichael Peterson |
| Printed Nam | f Authorized Representative: | Title: President |
| | | v: [See below for required signature(s)] |
| Signature: | The true | |
| Printed Nam | ic: Michael Keterson | Title: President |
| Signature: | | |
| Printed Nam | e: | Title: |
| Signature: _ | | Title: |
| Printed Nam | e: | Title: |
| Signature: | | |
| Printed Nam | e: | Title: |
| | | |
| Signature: _ Printed Nam | e. | Title: |
| | <u> </u> | |
| Signature: _ | | Title: |
| Printed Nam | e: | Title: |
| <u>If Florida C</u> | orporation: | |
| | Chairman, Vice Chairman, Director | . or Officer. |
| If Directors | or Officers have not been selected, a | n Incorporator must sign. |
| If Florida G | eneral Partnership or Limited Lia | bility Partnership: |
| | one General Partner. | <u></u> |
| | | |
| | <u>imited Partnership or Limited Lia</u> f <u>ALL</u> General Partners. | bility Limited Partnership: |
| Signatures o | ALL General Fatthers. | |
| All others: | | |
| Signature of | an authorized person. | |
| Fees: | | |
| Artic | eles of Conversion: | \$25.00 |
| | for Florida Articles of Organizatio | |
| Certi | fied Copy: | \$30.00 (Optional) |
| Certi | ficate of Status: | \$5.00 (Optional) |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Nar | | | | | |
|--|--|---|---|--|--|
| | mited Liability Compan | y is: | | | |
| | | | | | |
| Peterson Consulting | GXPTIC | | | | |
| (Mu | st contain the words "Limited L | iability Company, "L.1 | C" or "LLC.") | _ | |
| | | | | | |
| ARTICLE II - Ad | dress: is and street address of th | he principal offic | e of the Limit | ed Liability | Company is: |
| The maning address | s and street address or a | ne principal orne | | 2,000 | ,, |
| <u>Principal Office A</u> | <u>address:</u> | <u>Mailing A</u> | ddress: | | |
| Peterson Consulting | GXPTLC | Peterson C | Consulting GXF | LLC | |
| 11527 Water Poppy | | | ter Poppy Ter | | _ |
| Lakewood Ranch, F | | Lakewood | Ranch, FL 342 | 202 | _ |
| | Michael Peterson | | | | |
| | 7 | Name | | | |
| | 11527 Water Poppy Ter | | | | |
| | Florida street address | (P.O. Box NOT : | acceptable) | | |
| | Lakewood Ranch | FL 3420 |)2 | | |
| | City | - | Zip | | |
| liability compo registered agent o statutes relating | med as registered agent a any at the place designat and agree to act in this can to the proper and compligations of my position a which are Registered Agent's | ted in this certifica apacity. I further dete performance as registered agen L Peterson | ate, I hereby a agree to com, of my duties, o at as provided | iccept the app ply with the p and I am fan | pointment as provisions of all uiliar with and |
| | | | | ٠. | 77 |
| | (CON | TINUED) | | | ; , |

| • | DI | 11 | `I I | . 1 | V_{-} |
|----|----|----|---------|------|---------|
| ١. | KI | | . 1 . 1 | ٠. ا | V - |

Michael Peterson

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 | | | | | |
| 1 MOR | Michael Peterson | | | | |
| | 11527 Water Poppy Ter | | | | |
| | Lakewood Ranch, FL 34202 | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| (Use attachment if necessary) | | | | | |
| | | | | | |
| | | | | | |
| LE V: Other provisions, if any. | | | | | |
| and the provincial in any. | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | | |
| | · | | | | |
| REQUIRED SIGNATURE: | | | | | |
| SKINATOKE. | · | | | | |
| Minh | ael Peterson | | | | |
| FF121:311 | www.restrict | | | | |

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)