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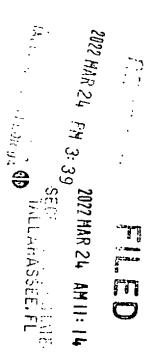
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PICK-UP	WAIT MAIL
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	(Business Entity Name)
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Certified Copies	Certificates of Status
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Special Instructions to	h Filing Officer:
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COVER LETTER

TO: N	ew Filing	Section			
		Corporations			
SUBJEC	T: Indelib	le Emergency Enterprise	es. LLC		
		(Name of R	esulting Florida	Limited C	Company)
The enclo Business	sed Articl Entity" in	les of Conversion, Art to a "Florida Limited	icles of Organ Liability Com	ization, pany" in	and fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please ret	urn all coi	respondence concerni	ng this matter	to:	
Abigail Wa	tts-FitzGer	rald			
		(Contact Person)		<u> </u>	
Watts-Fitz(Gerald Law	, PLLC			
		(Firm/Company)			
2800 Ponc	e de Leon	Blvd., Suite 1400			
		(Address)			
Coral Gable	es, Florida	33134			
	(City, State and Zip Code)	-	 -	
awf@wattst		·			
E-mail A	ddress: (to)	be used for future annual re	port notification	 s)	
		on concerning this ma		•	
Abigail Wat			at (³⁰⁵		-8521
(Na	me of Conta	act Person)		J	ytime Telephone Number)
Enclosed is dollars and	a check f drawn on	for the following amou a bank located in the	ınt: (All check	s proces	ssed by this office must be payable in US
S150.00 F \$25 for Conv \$125 for Al f Organization	rersion rticles	☐S155.00 Filing Fees and Certificate of Status	□\$180.00 Fili and Certified C		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
New Divi P.O.	ling Addi Filing Sesion of Co Box 632' hassee, F	ection orporations 7		New Divis The C	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

FILED

Articles of Conversion

For

"Other Business Entity"

lnto

Florida Limited Liability Company

2022 HAR 24 AM II: 14

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: Indelible Emergency Management, LLP
(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)
June 23, 2021 on
on(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Indelible Emergency Enterprises, 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 focument'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 23 day of March 2022	20 <u>22</u>
Signature of Authorized Representative of Li	
Signature of Authorized Representative: Printed Name: Joshua Hay	
Signature(s) on behalf of Other Business Entity	
Signature: 7 21 Printed Name: Joshua Hay	
Signature:Printed Name:	
Cimica Name.	Title:
Signature: Printed Name:	Title:
Signature: Printed Name:	
Signature:Printed Name:	
Signature:Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Ir	Officer. acorporator must sign.
If Florida General Partnership or Limited Liabil Signature of one General Partner.	ity Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Comp	any is:			
Indelible Emergency Enterprises, LLC				
	Liability Company, "L.L.C.," or "LLC.")		_	
ARTICLE II - Address:				
The mailing address and street address of	the principal office of the Limit	ed Liability	Comr	nany ic
Principal Office Address:	Mailing Address:		Comp	, miy 13.
841 Prudential Dr., Suite 1203	841 Prudential Dr., Suite 1	1203		
Jacksonville, FL 32207	Jacksonville, FL 32207		_	
ARTICLE III - Registered Agent, Registered Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	n Registered Agent. You must designate an	individual or ar	ture: other	
The name and the Florida street address of	f the registered agent are:	6 (5)	2022 HAR	
Joshua Hay		<u>ر</u>	HA	are land
	FORTE NATAS	₹24	7	
841 Prudential Dr., Suite	0.7 0.7 10.7	A.	9 1 9	
Florida street address	(P.O. Box NOT acceptable)		= -	
Jacksonville	FL 32207	r fi	=	
City	Zip			
Having been named as resistant and				

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)

ARTICLE IV-

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

"AMPR" - Authorized Manual	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager		
AMBR	Inches III	
	Joshua Hay	
	841 Prudential Dr., Suite 1203	
	Jacksonville, FL 32207	<u> </u>
AMBR	MIchael White	8
	841 Prudential Dr., Suite 1203	
	Jacksonville, FL 32207	
	Sacksonville, FL 32207	
AMBR	Jerome Byers	ПA
	841 Prudential Dr., Suite 1203	<i>Cy</i> − ′ · · · · · · · · · · · · · · · · · ·
	Jacksonville, FL 32207	<u>f</u> T
	COOKSONVING, I'L 32201	in ⇔
		<u> </u>
(Use attachment if necessary)		
(Use attachment if necessary)		
(Use attachment if necessary) LE V: Other provisions, if any.		
LE V: Other provisions, if any.		
LE V: Other provisions, if any.		
REQUIRED SIGNATURE:		
REQUIRED SIGNATURE:	n authorized representative of a m	ember
REQUIRED SIGNATURE: Signature of a member or at This document is executed in accordance we	n authorized representative of a month of section 605.0203 (1) (b), Florida Statute	
REQUIRED SIGNATURE:	710 continu 605 (1707 / 1) /L) 12	
REOUIRED SIGNATURE: Signature of a member or at This document is executed in accordance we any false information submitted in a document.	710 continu 605 (1707 / 1) /L) 12	
REQUIRED SIGNATURE: Signature of a member or at any false information submitted in a document as provided for in s.817.155, F.S. Joshua Hay	710 continu 605 (1707 / 1) /L) 12	

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