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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
Certified copies
Special Instructions to Filing Officer:

Office Use Only



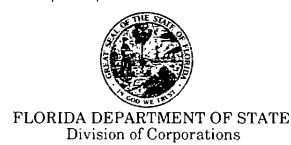
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COVER LETTER

TO: New Filing Section Division of Corporati	ons			
SUBJECT: Applied Federal C		ates, LLC		
SUBJECT:		ulting Florida Limi	ted Com	pany)
				d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please return all corresponde	nce concerning	g this matter to:		
Olivia Grady				
(Conta	ct Person)		-	
Odin, Feldman, & Pittleman, P.	C.			
(Firm/	Company)		-	
1775 Wiehle Ave Suite 400				
(Ac	ddress)	· · · · · · · · · · · · · · · · · · ·	-	
Reston, VA 20190				
(City, State	and Zip Code)		_	
olivia.grady@ofplaw.com				
E-mail Address: (to be used for	future annual re	port notifications)	-	
For further information conce	erning this mat	tter, please call:		
Olivia Grady		at (703	218-2	2123
(Name of Contact Person)) (Day	time Telephone Number)
Enclosed is a check for the for dollars and drawn on a bank	-		process	ed by this office must be payable in US
_	.00 Filing Fees tificate of	☐\$180.00 Filing and Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Address:				Address:
New Filing Section Division of Corporati	ons			Filing Section on of Corporations
P.O. Box 6327	~ · · · ·			entre of Tallahassee
Tallahassee, FL 3231-	4		24151	N. Monroe Street, Suite 810

Tallahassee. FL 32303



February 22, 2022

OLIVIA GRADY 1775 WIEHLE AVE STE 400 RESTON, VA 20190

SUBJECT: APPLIED FEDERAL CONTRACT ASSOCIATES, LLC

Ref. Number: W22000022284

We have received your document for APPLIED FEDERAL CONTRACT ASSOCIATES, LLC and your check(s) totaling \$150.00. However, the document has not been filed and is being retained in this office for the following:

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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: 422A00004320

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 A Applied Federal Contract Associates, LLC	articles of Conversion is:
(Enter Name of Other Business Entity)	 ·
The "Other Business Entity" is a Applied Federal Contract Associates, LLC	
(Enter entity type. Example: corporation, limited partnership, general partnership, co	ommon law or business trust, etc.)
First organized, formed or incorporated under the laws of	
(Enter state, or if a non-O.S. entire	y, the name of the country)
April 25, 2017 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:
Applied Federal Contract Associates, 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 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, 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 statu	ites.
6. The "Converted or Other Business Entity" has agreed to pay any members having ap which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	opraisal rights the amount to
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	<u>5.</u>
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Signed this 31st day of _January	20
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Ronald	Paussand
Printed Name: Ronald Poussard	
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Ronald Poussard	mt.) Descident
Printed Name: Ronald Poussard	Title: President
Signatura.	
Signature:Printed Name:	Title
Timed Name.	
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
S:	
Signature:Printed Name:	Title
Titiled (value	_ ritie
Signature:	
Printed Name:	Title:
	
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an In-	corporator must sign.
If Florida Canonal Dantagashin on Limited Lighili	to Domenouskin.
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty rartnership:
orginature of one General Larther.	
<u>lf Florida Limited Partnership or Limited Liabili</u>	ty 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)
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ontract Associates, LLC	ALIE CARREST MILICIPALICATION	
(N	lust contain the words "Limited Li	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - A The mailing addre		ne principal office of the Limited Liability Comp	oany is:
Principal Office	Address:	Mailing Address:	
7963 Sailboat Key	Blvd, #508	7963 Sailboat Key Blvd, #508	
South Pasadena, F	L 33707	South Pasadena, FL 33707	
701 1.1	El 21 11	.1	
The name and the	Florida street address of Ronald Poussard	the registered agent are:	
The name and the	Ronald Poussard	the registered agent are:	
The name and the	Ronald Poussard	lame	
The name and the	Ronald Poussard N 7963 Sailboat Key Blvd, #	lame	
The name and the	Ronald Poussard N 7963 Sailboat Key Blvd, #	lame #508 (P.O. Box <u>NOT</u> acceptable) FL 33707	
The name and the	Ronald Poussard N 7963 Sailboat Key Blvd, # Florida street address (lame #508 (P.O. Box <u>NOT</u> acceptable)	

(CONTINUED)

ł

Registered Agent's Signature (REQUIRED)

Ronald Foussard

ARTICLE IV-

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

<u>[itle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	Consid Dougonard
MGR	Ronald Poussard 7963 Sailboat Key Blvd, #508
	South Pasadena, FL 33707
	Goddi i asadena, i E soror
	
	<u> </u>
<u> </u>	
Lice attachment if accessory	
Use attachment if necessary)	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
R_{d}	nald Foussard
	Table O Debount
Signature of a member or	an authorized representative of a member
This document is executed in accordance	e with section 605.0203 (1) (b), Florida Statutes. I am aw
any false information submitted in a docu	iment to the Department of State constitutes a third degre
as provided for in s.817.155, F.S.	
as provided for in s.817.155, F.S. Ronald Poussard	
as provided for in s.817.155, F.S. Ronald Poussard	ped or printed name of signee Filing Fees