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| Special Instructions to | o Filing Officer: | |
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FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED CONVERSION FOR:

1. ELITE ASSET STAFFING LLC

PLEASE RETURN A CERTIFIED COPY & A CERTIFICATE OF STATUS

CHECK# 9228

FOR: \$925.00

(\$185.00 for this filing)

THANK YOU!

COVER LETTER

| TO: | New Filing Se Division of Co | | | | |
|---------------------|--|--|-------------------------------------|----------------------------------|--|
| SUBJ | ECT: ELITE AS | SSET STAFFING LLC | | | |
| 5000 | | (Name of Res | ulting Florida Lim | ited Con | npany) |
| | | | | | d fees are submitted to convert an "Other coordance with s. 605.1045, F.S. |
| Please | return all corre | espondence concerning | g this matter to | | |
| Owen | Evans, Esq. | | | | |
| | | (Contact Person) | | _ | |
| Comit | er, Singer, Baser | man & Braun, LLP | | | |
| | | (Firm/Company) | | | |
| 3825 | PGA Blvd, Suite | 701 | | | |
| | | (Address) | | _ | |
| Palm | Beach Gardens, | FL 33410 | | | |
| | ((| City, State and Zip Code) | | _ | |
| corpo | rate@comitersing | ger.com | | | |
| E-r | nail Address: (to b | e used for future annual re | port notifications) | | |
| For fu | rther information | on concerning this ma | tter, please call | : | |
| Alex 7 | Tirado - | | _at (|) 626-2 | 2101 |
| | (Name of Conta | ct Person) | (Area Cod | c) (Day | time Telephone Number) |
| | | or the following amou a bank located in the | | process | sed by this office must be payable in US |
| (\$25 fc & \$125 | 0.00 Filing Fees or Conversion 5 for Articles anization) | \$155.00 Filing Fees and Certificate of Status | □\$180.00 Filin and Certified Co | | S185.00 Filing Fees, Certified Copy, and Certificate of Status |
| | Mailing Addr New Filing So Division of C P.O. Box 632 Tallahassee, I | ection orporations 7 | | New I Divisi The C 2415 | t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 nassee, FL 32303 |

FILED

Articles of Conversion

For

"Other Business Entity" Into

Florida Limited Liability Company

2022 MAR 31 AM 9: 52

SECRETARY OF STATE TALLAHASSEE, FL

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.

| | The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: LITE ASSET STAFFING LLC |
|-----|---|
| _ | (Enter Name of Other Business Entity) |
| 2. | The "Other Business Entity" is a Limited Liability Company (Enter entity type. Example: 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.) |
| Fi | rst organized, formed or incorporated under the laws of |
| | (Enter state, or if a non-U.S. entity, the name of the country) |
| on | July 14, 2016 |
| OI. | (date of organization, formation or incorporation) |
| 3. | The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| ΕI | LITE ASSET STAFFING LLC |
| _ | (Enter Name of Florida Limited Liability Company) |
| 4. | If not effective on the date of filing, enter the effective date: |
| | he effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after |
| | e date this document is filed by the Florida Department of State.) |
| | ete: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument'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 9th day of March | _20_22 |
|---|--|
| Signature of Authorized Representative of Limi | ted Liability Company: |
| Signature of Authorized Representative: Mark HEALEY | Title: Manager |
| Signature(s) on behalf of Other Business Entity: [| See below for required signature(s)] |
| Signature: Mul Healey | |
| Printed Name: MARK HEALEY | Title: Manager |
| Signature | |
| Signature:Printed Name: | Title: |
| | |
| Signature:Printed Name: | Title: |
| | |
| Signature:Printed Name: | Title |
| timed Name | |
| Signature: | month. |
| Printed Name: | I itle: |
| Signature: | |
| Printed Name: | Title: |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc. | |
| If Florida General Partnership or Limited Liability Signature of one General Partner. | ty Partnership: |
| If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners. | y 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

| The name of the Limited Liability Company is | it. |
|--|--|
| ELITE ASSET STAFFING LLC (Must contain the words "Limited Liabil | ity Company "I I C " or "I I C ") |
| (Musi contain the words - Elimited Elabil | ny Company, E.E.C., or EEC.) |
| ARTICLE II - Address: | |
| The mailing address and street address of the p | principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 6650 W. Indiantown Road, Suite 100 | 6650 W. Indiantown Road, Suite 100 |
| Jupiter, FL 33458 | Jupiter, FL 33458 |
| | |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) The name and the Florida street address of the Comiter, Singer, Baseman & Nam | registered agent are: |
| 2005 DOA DI J. C.: 12. 704 | တွင် 🤛 🎵 |
| 3825 PGA Blvd., Suite 701 Florida street address (P.0) | |
| • | 5. Box MOT acceptante) |
| Palm Beach Gardens | FL 33410 |
| City | Zip |
| liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete | to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as ecity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 605, F.S |

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

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

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: | | |
|--|------------------------------------|------------------------|------------|
| "MGR" = Manager | | | |
| MGR | Mark Healey | | |
| | 6650 W. Indiantown Road, Suite 100 | | |
| | Jupiter, FL 33458 | | |
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| ARTICLE V: Other provisions, if any. | r | | 257 |
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| REQUIRED SIGNATURE: | | | |
| REQUIRED SIGNATURE. | | | |
| (Y) out Heil | l N | | |

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.

MARK HEALEY

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)