122000245314

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

Office Use Only



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05/08/22--01030--021 **150.00



2022 F.37 + S - MH 3: 56



COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: Purple Turtle Projects, LLC			
	Resulting Florida L	imited Company)	
The enclosed Articles of Conversion, Art Business Entity" into a "Florida Limited	ticles of Organiz Liability Comp	zation, and fees are submitted to convert an many in accordance with s. 605.1045, F.S.	Other
Please return all correspondence concern	ing this matter t	10:	
Joyce M. Smith			
(Contact Person)		_	
Purple Turtle Projects, LLC			
(Firm/Company)			
5753 Hwy 85 North Suite #3939			
(Address)	,		
Crestview, FL 32536			
(City, State and Zip Code))	_	
joyce.smith.rn1@protonmail.com			
E-mail Address: (to be used for future annual a	report notifications	3)	
For further information concerning this m	atter, please cal	li:	
Joyce Smith	at (⁶⁰⁸	_\ 853-0044	
(Name of Contact Person)		de) (Daytime Telephone Number)	
Enclosed is a check for the following amo dollars and drawn on a bank located in the	ount: (All checks : United States)	s processed by this office must be payable in	US
S150.00 Filing Fees S25 for Conversion & \$125 for Articles f Organization) S155.00 Filing Fees and Certificate of Status			
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	· ·

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

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: Joyce Quality Nurse Consulting, 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.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
03/30/2018 on .
03/30/2018 on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Purple Turtle Projects, 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 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 25th day of April	_ 20 <u>.8 G</u>
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: 731. Printed Name: Joyce M. Smith	Title: Manager
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
-1. Jan 1	
Signature: Printed Name: Joyce M. Smith	Title: Manager
Signature:	
Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an Inc	corporator must sign.
<u>If Florida General Partnership or Limited Liabili</u>	ty Partnership:
Signature of one General Partner.	
<u>If Florida Limited Partnership or Limited Liabili</u> Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others:	
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 1 - Na The name of the I	tme: Limited Liability Compar	ny is:	
PurpleTurtle Project		.iability Company, "L.L.C" or "LLC.")	
(1.	rust commit the words. Emitted i	2.000,000	
ARTICLE II - A The mailing addre		he principal office of the Limited Liability Con	ipany is:
Principal Office	Address:	Mailing Address:	
5753 Hwy 85 North	ı	5753 Hwy 85 North	
Suite #3939		Suite #3939	
Crestview, FL 3253	36	Crestview, FL 32536	
	Joyce M. Smith	Name	
	5753 Hwy 85 North, Suite	e #3939	
	Florida street address	(P.O. Box NOT acceptable)	
	Crestview	FL ³²⁵³⁶	
	City	Zip	
liability comp registered agent statutcs relatin	pany at the place designal and agree to act in this c ig to the proper and compoligations of my position of	and to accept service of process for the above stated in this certificate, I hereby accept the appoint apacity. I further agree to comply with the providete performance of my duties, and I am familiar as registered agent as provided for in Chapter 60.	ment as sions of all with and

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Joyce M. Smith
	5753 Hwy 85 North, Suite #3939
	Crestview, FL 32536
(Use attachment if necessary)	
(Ose andermon in necessary)	
CLE V: Other provisions, if any.	
•	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	·
THE MEDICAL STATE OF THE PARTY	
Signature of a member of	or an authorized representative of a member
Signature of a member of this document is executed in accordan	or an authorized representative of a member use with section 605.0203 (1) (b), Florida Statutes, I am aware to the Department of State constitutes a third degree fel

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)