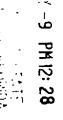
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000386877370





#### COVER LETTER

<b>TO:</b> New Filing Division of	Section Corporations					
SUBJECT: IDEAL	PRACTICES LLC					
30137,611		sulting Florida Lin	nited Con	npany)		
	es of Conversion, Artic to a "Florida Limited L					
Please return all cor	respondence concernin	g this matter to	:			
APRIL FRANCIA ES	<b>Q</b> .					
	(Contact Person)				23	
ROBERT H. MONTO	OMERY, III. EŞQ, PC				127	
(Firm/Company)			_			
230 S BROAD ST ST	ΓΕ 305					
	(Address)				-9 <b>FR</b>	
PHILADELPHIA, PA	19102				2022 MAY -9 PM 12: 28	
	(City, State and Zip Code)		_		25 <b>28</b>	
APRIL@RMONTGO	MERY-LAW.COM					
E-mail Address: (to	be used for future annual re	port notifications)				
For further informa	tion concerning this ma	tter, please call	:			
APRIL FRANCIA ESQ.		at ( <sup>215</sup>	7311	404 X. 6		
(Name of Con	(Area Cod	e) (Day	rtime Telephone Number	}		
	for the following amount a bank located in the		process	sed by this office mus	st be payable in US	
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	S180.00 Filin and Certified Co		☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status		
New Filing Section Division of Corporations			New l Divis	t Address: Filing Section ion of Corporations 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.

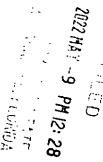
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:

IDEAL PRACTICES 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)
APRIL 12, 2017
APRIL 12, 2017 on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
IDEAL PRACTICES 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 5TH day of MAY	20_22
Signature of Authorized Representative of	
Si	tephen Trutter_
Signature of Authorized Representative: Printed Name: STEPHEN TRUTTER	Title: AUTHORIZED MEMBER
	ntity: [See below for required signature(s)]
<u>Stephen Trutter</u>	
Signature: Printed Name: STEPHEN TRUTTER	Title: AUTHORIZED MEMBER
Signature:	
Printed Name:	Title:
Sionature:	
Printed Name:	Title:
Printed Name:	Title:
Printed Name:	Title:
Printed Name:	Title:
<u>If Florida Corporation:</u> Signature of Chairman, Vice Chairman, Direc	etor, or Officer.
If Directors or Officers have not been selected	
If Florida General Partnership or Limited	Liability Partnership
Signature of one General Partner.	<u> </u>
If Florida Limited Partnership or Limited	Liability 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)



#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")	
CLE II - Address:		
illing address and street address of the principal office	of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
7901 4TH ST N STE 300	7901 4TH ST N STE 300	
ST, PETERSBURG, FL 33702	ST. PETERSBURG, FL 33702	
***************************************		

REGISTERED AGENTS INC.

Name

7901 4TH ST N STE 300

Florida street address (P.O. Box NOT acceptable)

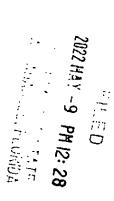
ST. PETERSBURG FL 33702

City State Zip

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)



A	D	T	C	E	. 17	1
	п			·		

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 AMBR	STEPHEN TRUTTER			
AMULY	7901 4TH ST N STE 300			
	ST. PETERSBURG, FL 33702			
	·			
	·			
	<del></del>			
(Use attachment if necessary)				
ARTICLE V: Other provisions, if any,				
Provident in the state of the s				
REQUIRED SIGNATURE:				
Stephen Tri	<u>utter</u>			
20.000	<u> </u>			

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.

STEPHEN TRUTTER; AUTHORIZED MEMBER

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)

# FL Articles of Conversion (Ideal Practices) 2022-05-05 (for execution)

Final Audit Report

2022-05-05

Created:

2022-05-05

By:

April Francia (April@Rmontgomery-law.com)

Status:

Signed

Transaction ID:

CBJCHBCAABAAa8iMqlppjd6h5uZeJwhhO-rj-pw3EcN6

## "FL Articles of Conversion (Ideal Practices) 2022-05-05 (for execution)" History

- Document created by April Francia (April@Rmontgomery-law.com)
  2022-05-05 8 06:00 PM GMT
- Document emailed to Stephen Trutter (stephen@idealpractices.com) for signature 2022-05-05 - 8:07:08 PM GMT
- e<sup>\*\*</sup> Email viewed by Stephen Trutter (stephen@idealpractices.com) 2022-05-05 8:19:12 PM GMT
- Document e-signed by Stephen Trutter (stephen@idealpractices.com)
   Signature Date: 2022-05-05 8:19:49 PM GMT Time Source: server
- Agreement completed. 2022-05-05 - 8:19:49 PM GMT

