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PICK-UP	WAIT	MAIL
(Bi	usiness Entity Name)	
(D:	ocument Number)	
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Certified Copies	Certificates of	Status
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Special Instructions to	Filing Officer:	





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2022 JUN 24 AM IO: 11

SLORETARY OF STATE
IALLAHASSEE, FLORED

DIVISION CLEVIURATIONS
TALLANASSEE, FLORIDA

RECEIVED

D. O'KEEFE JUN 2 4 2022

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: CORNERSTONE SPECIAL INSPECTIONS LI	LC
(Name of Resulting Florida	
The enclosed Articles of Conversion, Articles of Organ Business Entity" into a "Florida Limited Liability Com	ization, and fees are submitted to convert an "Other pany" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter	to:
JOSEPH N PERLMAN	
(Contact Person)	
JOSEPH N PERLMAN, P.A.	
(Firm/Company)	
28461 US 19 N	
(Address)	
CLEARWATER, FL 33761	
(City, State and Zip Code)	
JOE@PERLMANLAWFIRM.COM	
E-mail Address: (to be used for future annual report notification	ns)
For further information concerning this matter, please ca	all:
JOSEPH N PERLMAN at (727	₎ 536 2711
(Name of Contact Person) (Area C	ode) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All check dollars and drawn on a bank located in the United States	
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ■ \$155.00 Filing Fees and Certificate of Status	
Mailing Address: New Filing Section	Street Address: New Filing Section
Division of Corporations P.O. Box 6327	Division of Corporations
Tallahassee, FL 32314	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 <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 Articles of Conversion is: CORNERSTONE SPECIAL INSPECTIONS 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)
NOVEMBER 30, 2021
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
CORNERSTONE SPECIAL INSPECTIONS 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.
5. 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.

FILED

SELECTION 24 AM IO: I

Signed this 15	day of JUNE	20 <u></u> 20	
Signature of Autho	rized Representative	of Limited Liability Company:	
Signature of Author Printed Name: JOSEF	ized Representative: (PH N PERLMAN	Title: ATTORNEY	
α	10.0	Entity: See below for required signature	
Signature:	THE PERILL OF TH	Title: ATTORNEY	
Printed Name: JUSEF	THIN PERLMAN	Title: ATTORNEY	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
Signature:			<u>-</u>
Printed Name:		Title:	
Signature:			
Printed Name:	 -	Title:	
Timed Name		1 Mc.	
Signature:			
Printed Name:		Title:	
			
If Florida Corporati			
	n, Vice Chairman, Dire		
If Directors or Officer	rs have not been selecte	ed, an Incorporator must sign.	
		Liability Partnership:	
Signature of one Gene	erai Partner.		
If Florida Limited Pa	artnershin ar Limitad	Liability Limited Partnership:	Ξ_{c}
Signatures of ALL Ge		Liabinty Limited Latinership.	
<u> </u>	wa maya wa		옾
All others:			AS
Signature of an author	rized person.		SE
			<u> </u>
Fees:			
			물

Articles of Conversion:

\$25.00

Fees for Florida Articles of Organization:

\$125.00

Certified Copy: Certificate of Status:

\$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compa	any is:	
CORNERSTONE SPECIAL INSPECTIONS	LLC	
	Liability Company, "L.L.C.," or "LLC.")	
ADTICLEIX		
ARTICLE II - Address:	the principal office of the Limited	H Liability Company is:
The mailing address and street address of	the principal office of the Limited	r Claumty Company is.
Principal Office Address:	Mailing Address:	
4500 0 14 5 410 0 140	ACOO OAK EAID BLVD	
4508 OAK FAIR BLVD	4508 OAK FAIR BLVD	
STE 200	STE 200 33610	
TAMPA FL 33610		
(The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.) The name and the Florida street address of JOSEPH N PERLMAN		TALL AHASS
28461 US 19 N		22 P
Florida street addres	THE THE	
CLEARWATER	FL ³³⁷⁶¹	AMID: III
City	Zip	ar I
Having been named as registered agent liability company at the place design		

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	R	ΤI	$\mathbf{C}\mathbf{I}$	Æ	IV	′_
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The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager	0.11.01.50.051.0001.55	
AMBR	CHARLES BEARDSLEE	
	4508 OAK FAIR BLVD	
	TAMPA, FL 33610	
AMBR	MIICHELLE BEARDSLEE	
	4508 OAK FAIR BLVD	
	TAMPA, FL 33610	
		<u>-</u>
		
		<u> </u>
		2022 JUN 24
(Use attachment if necessary)		
		\$ \frac{1}{2} \frac{1}{2} \frac{1}{2}
		SE SE
ICLE V: Other provisions, if any.		무두 꽃
		<i>~ ⇔</i>
_		-

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.

JOSEPH N. PERLMAN

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)