

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
(2000)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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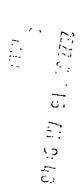
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COVER LETTER

TO: New Filing ! Division of (Section Corporations				
Coastal SUBJECT:	Solutions Consulting, LL	.C			
30bare 1.	(Name of Re	sulting Florida Limi	ed Cor	mpany)	
				nd fees are submitted to convert an "Othe eccordance with s. 605.1045, F.S.	:r
Please return all cor	respondence concernin	g this matter to:			
Gwyn L. Bartschat					
Coastal Solutions Cor	(Contact Person) nsulting, LLC				
13330 SW Pembroke	(Firm/Company) Circle N				
Lake Suzy, FL 34269	(Address)				
gwyn.bartschat99@gr	City, State and Zip Code) nail.com				
E-mail Address: (to	be used for future annual re	port notifications)			
For further informati	ion concerning this ma	tter, please call:			
Gwyn L. Bartschat		201 at (306 5)		
(Name of Cont	act Person)	(Area Code)	(Day	vtime Telephone Number)	
	for the following amount a bank located in the	•	roces	sed by this office must be payable in US	
\$150.00 Filing Fees \$25 for Conversion &\$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	\$180.00 Filing and Certified Cop		□\$185.00 Filing Fees. Certified Copy, and Certificate of Status	,
Mailing Add	ress:		Stree	t Address:	

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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"

nto

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: Coastal Solutions Consulting, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
June 29, 2020 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Coastal Solutions Consulting, LLC
(Enter Name of Florida Limited Liability Company) 05/11/2022
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 11 day of way	
Sign stream of Authorized December 2	ited Linklin Commen
Signature of Authorized Representative of Lim	itted Liability Company:
Signature of Authorized Representative:	
Signature of Authorized Representative: Printed Name: Gwyn L. Bartschat	Title: Principal
Signature(a) and Analytic Oak an Business Fraction	IS a halor for marinal sign (4 mater)
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: MALISCHOT	
Printed Name:Gwyn L. Bartschat	Title: Principal
©:	
Signature:Printed Name:	Title:
rimed rame.	1100.
Signature:	
Signature:Printed Name:	Title:
Signature: Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature	
Signature:Printed Name:	Title:
If Florida Corporation:	e
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an In	corporator must sign.
If Florida General Partnership or Limited Liabili	ity Partnership:
Signature of one General Partner.	
IFPLANTA CONTRACTOR OF THE STATE OF THE STAT	
If Florida Limited Partnership or Limited Liabili Signatures of Al.I. General Partners.	ty Limited Partnership:
inguatures of Arra, General Fathers.	
All others:	
Signature of an authorized person.	
<u>Fees:</u>	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$25.00 \$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited L.	iability Company i	is:	
	,		
Coastal Solutions Consulting.	LLC		
(Must contain	the words "Limited Liub	ility Company, "L.L.C" or "LLC.")	
ARTICLE II - Address: The mailing address and st	reet address of the	principal office of the Limited Liability Company is	:
Principal Office Address:		Mailing Address:	
13330 SW Pembroke Circle		13330 SW Pembroke Circle N	
Lake Suzy. FL 34269		Lake Suzy, FL 34269	
			
(The Limited Liability Company cabusiness entity with an active Flori The name and the Florida s	nnot serve as its own Reg da registration.)	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another e registered agent are:	
<u> awyn c</u>	Na	me	
13330.5	SW Pembroke Circle	e N	
		O. Box NOT acceptable)	
Lake Su	zy	34269 FL	
	City	Zip	
liability company at the registered agent and agro statutes relating to the p accept the obligations	ne place designated se to act in this cap proper and complet s of my position as	I to accept service of process for the above stated limit in this certificate. I hereby accept the appointment as pacity. I further agree to comply with the provisions of te performance of my duties, and I am familiar with an registered agent as provided for in Chapter 605, F.S	cal ad

(CONTINUED)

ARTICLE IV-

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 Principal $()$ (cK)	Gwyn L. Bartschat
Tricipal IIIC.	13330 SW Pembroke Circle N
	Lake Suzy. FL 34269
	Lake Guzy. 1 L G4205
(Use attachment if necessary)	
(Sie didennen i neoesial)	
LE V: Other provisions, if any.	
•	
REQUIRED SIGNATURE:	
(/,, 5)	m Batischat
<u> </u>	TO TACCOUNTY
· · · · · · · / · · · !/	
	an authorized representative of a member
This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes, I am aware t
ac provided for in a 917 155 E.C.	nent to the Department of State constitutes a third degree fel
the processing our mount of the task	Life 1 +
Gwyn L. Bartschat	Ded or printed name of signee
Tyr	ped 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)