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P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

07/14/22

NAME:

FRATER CONSULTING SERVICES LLC

TYPE OF FILING: CONVERSION

COST:

150.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

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: Frater Consulting Services Inc
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>Corporation</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Florida
(Enter state, or if a non-U.S. entity, the name of the country)
on 01/13/2017 (date of organization, formation or incorporation) 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Frater Consulting Services, 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.

Certified Copy: Certificate of Status:

Signed this 12 day of July	20 22
Signature of Authorized Representative of Lim	nited Liability Company:
Signature of Authorized Representative: Max Frater	Frater Title: Authorized Representative
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: Max Frater	
Signature: Max Frater Printed Name: Max Frater	Title: President
Signature:Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	m
Printed Name:	I itle;
Signature:Printed Name:	Title
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 Ir	ncorporator must sign.
If Florida General Partnership or Limited Liabil Signature of one General Partner.	ity Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabil Signatures of ALL General Partners.	
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization:	\$25.00 \$125.00

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



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Compa	any is:			
Frater Consult (Must contain the words "Limited	ing Ser	vices, L Jompany, "	LC L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of	the prin	cipal off	ice of the Limited	Liability Company is:
Principal Office Address:		Mailing	Address:	
9739 Chianti Classico Terrace Boca Raton, FL 33496	- -		hianti Classico Taton, FL 33496	<u>еггасе</u>
ARTICLE III - Registered Agent, Regi (The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.)	stered (n Registere	Office, &	Registered Ager ou must designate an in	nt's Signature: dividual or another
The name and the Florida street address o	of the reg	gistered a	gent are:	
M	lax Frat Name	er		
9739 Chian Florida street address				
Boca Rator	<u>1</u>	FL	33496	
City			Zip	
Having been named as registered agent liability company at the place designo registered agent and agree to act in this statutes relating to the proper and com accept the obligations of my position	ated in the capacity plete per	his certifi . I further formanc	cate, I hereby acce or agree to comply e of my duties, and	ept the appointment as with the provisions of all I I am familiar with and in Chapter 605, F.S
Registered Agent'	Frate	dv uma (DE)	N. H.D. C.D.	72 J
			γυικευ)	22 JUL 14 P
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ARTICLE IV-

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

Title:	
"AMBR" = Authorized Member	
"MGR" = Manager	Man Parken
MGR	Max Frater
	9739 Chianti Classico Terrace
	Boca Raton, FL 33496
	
	
	
	
(Use attachment if necessary)	
LE V: Other provisions, if any.	
JE V: Other provisions, if any. REQUIRED SIGNATURE:	Lax Frater
Signature of a member of This document is executed in accordan	Dan Fratur or an authorized representative of a member nee with section 605.0203 (1) (b), Florida Statutes. I am aware the cument to the Department of State constitutes a third degree felo
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordan any false information submitted in a do as provided for in s.817.155, F.S.	or an authorized representative of a member lice with section 605,0203 (1) (b), Florida Statutes, I am aware the cument to the Department of State constitutes a third degree felometer than the properties of the constitutes at the degree felometer than the properties of the constitutes at the degree felometer than the properties of the constitutes at the
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordan any false information submitted in a do as provided for in s.817.155, F.S.	or an authorized representative of a member lice with section 605.0203 (1) (b), Florida Statutes, I am aware the cument to the Department of State constitutes a third degree felo

sation and Designation of Registered Agents

\$ 5.00 Certificate of Status (Optional)