122000409689

(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

1/1/2) en 8/935

SEP 2 2 2022



100387910581

05/20/22--01024--028 **150.00





August 6, 2022

MICHELLE W. MURPHY 1825 NW CORPORATE BLVD STE 110 BOCA RATON, FL 33431

SUBJECT: WILSON MURPHY LAW, PLLC

Ref. Number: W22000081935

We have received your document for WILSON MURPHY LAW, PLLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Document not complete nember must sign print name in article V and must state purpose of pllc in article v

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 622A00017601

Tyrone Scott Regulatory Specialist II New Filings Section

www.sunbiz.org

COVER LETTER

TO: New Filing Section Division of Corporations SUBJECT: WISON MUVPNY LAW, YL (Name of Resulting Florida Limited Company) The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S. Please return all correspondence concerning this matter to: 1825 NW Corporate Blyd Stel 10 Bock Ration FL 33431
(City, State and Zip Code) E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call: (Name of Contact Person)

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number) Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States) DAID □\$185.00 Filing Fees, ☐\$155.00 Filing Fees ☐\$180.00 Filing Fees ☐ \$150.00 Filing Fees and Certified Copy and Certificate of Certified Cony, and 1925 for Conversion Certificate of Status & \$125 for Anicles Status of Organization) Street Address: Mailing Address: **New Filing Section** New Filing Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

I Previously submitted LLC paperwork and was rejected I never received the rejection letterso I'm putting the purpose of my business in these documents. *

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: \[\times \cdot \sqrt{Son} \times \cdot
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a 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)
on Ollo 1/2019 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
(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.
MINSEPTO WAM 9: 12

Signed this 12 day of August 20	22
Signature of Authorized Representative of Limited 1	
Signature of Authorized Representative: Printed Name: \(\frac{\text{Nukpn}}{\text{10}} \) Ti	helle 1
Signature(s) on behalf of Other Business Entity: See	below for required signature(s)
Signature: A WALLE WILSON WILLIAM T	inle: Prevident
Signature: T	itle:
Signature:	iile:
Signature: Printed Name:	Fitle:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inco	fficer. rporator must sign.
If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partnership:
All others: Signature of an authorized person.	
<u>Fees:</u>	
Articles of Conversion: Fees for Florida Articles of Organization: Curtified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must contain the words "Limited Liability Company, "LLC," or "LLC,")		
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
1875 N/1 / Connocate 8/10/	1005 12 2 1 11 10 10	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

ARTICLE I - Name:

The name of the Limited Liability Company is:

Name

1825 NW Corporate Blud Ste 110

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

Boca Raton FL 33431

City 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)

THE DAM 9: 2:

2022 SEP CL AM 9: 2:

DIVISION OF CORPORATIONS

ARTICLE IV- The name and address of each person Company:	authorized to manage and control the Limited Liability
Title: "AMBR" = Authorized Member "MGR" = Manager AYYYPR	Name and Address:
	Michelle Musphy 1825 Nulcarporate 13/140 Stello
	
(Use attachment if necessary)	
ARTICLE V: Other provisions, if any. The purpose of this bu Services	siness is to provide legal
REQUIRED SIGNATURE:	
This document is executed in accordance w	n authorized representative of a member ith section 605.0203 (1) (b), Florida Statutes, I am aware that ent to the Department of State constitutes a third degree felony
Michelle Mu	TPhy ed or printed name of signee
~	Filing Fees
\$125.00 Filing Fee for Articles of \$ 30.00 Certified Copy (Optional	Organization and Designation of Registered Agent) \$ 5.00 Certificate of Status (Optional)