# Laa000423595

	(Requestor's Name)
	(Address)
·····	(Address)
	(City/State/Zip/Phone #)
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
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#### FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

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DATE: 09/30/22

NAME: CAREER RESOURCES, LLC

TYPE OF FILING: CONVERSION

COST: 150.00

**RETURN:** PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

		DIVISI 22 S
•	Articles of Conversion	ECRETARY SION OF CO SEP 30
	For <u>"Other Business Entity"</u> Into	ED DRPORAL PH 3:
	Florida Limited Liability Company	15 25

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: CAREER RESOURCES, 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.)

First organized, formed or incorporated under the laws of

(Enter state, or if a non-U.S. entity, the name of the country)

September 20, 2022

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on

(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:

CAREER RESOURCES, 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.)

<u>Note:</u> 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 <u>19th</u> day of <u>September</u>	20 <u>22</u>
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: Printed Name: James Gutierrez	Title: Manager
Signature(s) on behalf of Other Business Entiry:	[See below for required signature(s)]
Signature: James Gutierrez	
THE )	Title: Manager/Authorized Person
Signature:	
Signature:	
Printed Name:	Title:
Signature: Printed Name:	m:
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 Ind	Officer. corporator must sign.
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)



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

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

#### CAREER RESOURCES, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:
333 S. E. 2ND AVENUE, SUITE 2000
MIAMI, FL 33131

	mpany cannot serve	as its own Registered	fice, & Registered A Agent. You must designate		SECRE
The name and the F	lorida street ad	dress of the regis	stered agent are:	30 P	OF CON
	James Gutierrez	Z			220
		Name		· 3: 25:	SPUE SPUE
	333 S. E. 2ND A	VENUE, SUITE 2	000		Ср Лу
	Florida street	address (P.O. Bo	x <u>NOT</u> acceptable)		
	ΜΙΑΜΙ		FL <sup>33131</sup>		
		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. Ifurther 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 (REOUIRED) (CONTINUED)

### ARTICLE IV-

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

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<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	James Gutierrez
	333 S. E. 2ND AVENUE, SUITE 2000
	MIAMI, FL 33131
·	
— <b>—</b> ——	
(Use attachment if necessary)	

ARTICLE V: Other provisions, if any.

ICLE V: Other provisions, if any.	22
REQUIRED SIGNATURE: Signature of a member or an authorized representative This document is executed in accordance with section 605.0203 (1) (b), Florid any false information submitted in a document to the Department of State const as provided for it s.817.155, F.S.	a Statutes. I am aware that
James Gutierrez	
Typed or printed name of signee	
Filing Fees	
\$125.00 Filing Fee for Articles of Organization and Designati	ion of Registered Agent
	e of Status (Optional)