

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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2022 MOV 15 AH 12: 47 SECKETAKY OF STATE TALLAHASSEE, FL

#### **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:  Cross Potomac Consulting LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LLC (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
On December 10, 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:  Cross Potomac Consulting 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.

Signed this 19th day of October	
Signature of Authorized Representative of Limi	ted Liability Company:
Charles Charles	stacker Pause
Signature of Authorized Representative:	Title: Member
Printed Name: Christopher Payrie	Titte: Member
Signature(s) on behalf of Other Business Entity: [	See below for required signature(s)]
Signature: Christopher Payne Printed Name: Christopher Payne	
Printed Name: Christopher Payne 0	Title: Member
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
C'	
Signature:Printed Name:	Title
rimed Name:	
Signature:Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	71.1
Printed Name:	riue:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an Inc	corporator must sign.
teri il e i	der Dereck eine betreit
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
Signature of one General Fatuer.	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL General Partners.	
A.Dd.	
All others: Signature of an authorized person.	
Signature of an aumorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Cross Potomac C	Consulting LLC		
		bility Company, "L.L.C.," or "LLC.")	
ARTICLE II -	Addroce		
		e principal office of the Limited Liability Compa	my is
D ' ' 1055		N. Was A. H	
Principal Offic	e Address:	Mailing Address:	
		5555 Useppa Drive	
5555 Useppa Dri	ve		
Ave Maria, FL 34	- Registered Agent, Regist	Ave Maria, FL 34142  red Office, & Registered Agent's Signature:	
ARTICLE III - The Limited Liabilit business entity with	- Registered Agent, Regist	Ave Maria, FL 34142  red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another	
ARTICLE III - The Limited Liabilit business entity with	- Registered Agent, Regist y Company cannot serve as its own an active Florida registration.)	Ave Maria, FL 34142  red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another	
ARTICLE III - The Limited Liabilit business entity with	- Registered Agent, Regist y Company cannot serve as its own an active Florida registration.) he Florida street address of Christopher Payne	Ave Maria, FL 34142  red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another	
(The Limited Liabilit business entity with	- Registered Agent, Regist y Company cannot serve as its own an active Florida registration.) he Florida street address of Christopher Payne	Ave Maria, FL 34142  red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another the registered agent are:	
ARTICLE III - The Limited Liabilit business entity with	- Registered Agent, Regist y Company cannot serve as its own an active Florida registration.) he Florida street address of  Christopher Payne  5555 Useppa Drive	Ave Maria, FL 34142  red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another the registered agent are:	
ARTICLE III - The Limited Liabilit business entity with	- Registered Agent, Regist y Company cannot serve as its own an active Florida registration.) he Florida street address of  Christopher Payne  5555 Useppa Drive	Ave Maria, FL 34142  Pred Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another the registered agent are:	

atutes relating to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Christopher Payne
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE

## 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 MGR	Christopher Payne
MON	5555 Useppa Drive
	Ave Maria, FL 34142
	170 (1010), 70 0 1712
<del></del>	
<u> </u>	
Use attachment if necessary)	
LE V: Other provisions, if any.  REQUIRED SIGNATURE:	24:+.4.0.
Signature of a member or a	Anistopher Payne  an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware to ment to the Department of State constitutes a third degree fel
Signature of a member or a This document is executed in accordance any false information submitted in a docur	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware the to the Department of State constitutes a third degree fel
Signature of a member or a This document is executed in accordance any false information submitted in a docur as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware t ment to the Department of State constitutes a third degree fel  Christopher Payne
Signature of a member or a This document is executed in accordance any false information submitted in a docur as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware the to the Department of State constitutes a third degree fel
Signature of a member or a This document is executed in accordance any false information submitted in a docur as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware t ment to the Department of State constitutes a third degree fel  Christopher Payne ped or printed name of signee