# 1-22000509695

(Re	equestor's Name)	· ·
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

7/12/W 13/1 (25)

DEC - 7 2022



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TOTAL NOV 22 AM 8: 30

### **COVER LETTER**

Division of Corporations	
	SUITANTS LLC ng Florida Limited Company)
	of Organization, and fees are submitted to convert an "Other ity Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this	is matter to:
Joseph Muir (Contact Person)	
(Contact Person)  JWM Consultants  (Firm/Company)	LLC lef#
2287 Vintage St.	<del></del>
Sarasota Flurida 3	34240
Sarasota Florida 3  (City. State and Zip Code)  joseph Murrealtor go  E-mail Address: (to be used for future annual report	mail com notifications)
For further information concerning this matter,	
Name of Contact Person)	(443) 916 3950 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: dollars and drawn on a bank located in the Unit	(All checks processed by this office must be payable in US ted States)
	S180.00 Filing Fees. d Certified Copy Certified Copy, and Certificate of Status balance \$27.50
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

INHS11 (7/17)

TO: New Filing Section

Signed this day of November 20 22

Signature of Authorized Representi	ative of Limited Liabili	ty Company:		
Signature of Authorized Representative	ve anti		0	<
Signature of Authorized Representative Printed Name: Sept Mu	Title:	Authorized	Persun	(of-frace)
Signature(s) on behalf of Other Busin	ness Entity:  See below	for required signature	e(s)]	
Signature: Joseph Mo.				
Printed Name Joseph Mr.	Title:	AMBR		
Signature.				
Signature. Printed Name:	Title:			
Signature:				
Signature: Printed Name:	Title:			
Signature:	·			
Signature: Printed Name:	Title:			
Signature:				
Signature: Printed Name:	Title:		<del></del>	
Signature:				
Printed Name:	Title:			
lf Florida Corporation:				
Signature of Chairman, Vice Chairman, If Directors or Officers have not been so	<ul> <li>Director, or Officer.</li> <li>elected, an Incorporator n</li> </ul>	า <b>ust</b> รเซา.		
	•	_		
If Florida General Partnership or Lis Signature of one General Partner.	nuted Liability Partners	hip:		
If Florida Limited Partnership or Lic	mited Liability Limited	Partnershin:		

Signatures of ALL General Partners

## All others:

Signature of an authorized person.

### <u>Fees</u>

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 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:  (Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2 The "Other Business Entity" is a
on 3-29-17 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
(Emer Name of Florida Limited Liability Company)
(Enter Name of Florida Limited Liability Company)
<ul> <li>4. If not effective on the date of filing, enter the effective date: Dec. 15+ 2022</li> <li>(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.)</li> <li>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.</li> <li>5. The plan of conversion has been approved in accordance with all applicable statutes.</li> <li>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.</li> </ul>
2022 NOV 22 AM 8: 30  C TALICATIONS TALICA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
JWM Consultants LLC			
(Must contain the words "Lumited Liability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Li	ability Cor	npany is	<b>š</b> :
Principal Office Address: Mailing Address:			
2287 Vintage St. Z287 Vinta Sorcesota FL Sarasota FL 34240 34240	age St	<del>-</del> .	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent? (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individualistic sentity with an active Florida registration.)	s Signatur idual or anothe	e: ¤	
The name and the Florida street address of the registered agent are:			
Joseph Muic			
Name			
Joseph Muir Name 2287 Vintage St. Florida street address (P.O. Box NOT acceptable)			
Florida street address (P.O. Box NOT acceptable)			
Sarasota FL 34240 City Zip			
Having been named as registered agent and to accept service of process for the liability company at the place designated in this certificate, I hereby accept registered agent and agree to act in this capacity. I further agree to comply wis statutes relating to the proper and complete performance of my duties, and I accept the obligations of my position as registered agent as provided for in	the appoin ith the prov am familiai	tment as isions of r with an	i fall
Registered Agent's Signature (REQUIRED)			
(CONTINUED)	OIVISION OF CORPORATION	2022 NOV 22 AM	
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Λ	RT	CL	F	IV.

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

"AMBR" = Authorized Member	
	1
"MGR" = Manager	1001. 11 15
AMBIS	JOSEPH MUTT
	2287 Vintage St
	Sarasuda FL 34240
11 1 10	
Lice attachment if necessary)	
Use attachment if necessary)	
Use attachment if necessary)	
<u> </u>	
(Use attachment if necessary)  LE V: Other provisions, if any	
<u> </u>	
LE V: Other provisions, if any	
EV: Other provisions, if any	.7
<u> </u>	
LE V: Other provisions, if any	12
REQUIRED SIGNATURE:	12
REQUIRED SIGNATURE:	an authorized representative of a member
Signature of a member or a This document is executed in accordance	with section 605,0203 (1) (b). Florida Statutes, I am aware
Signature of a member or a This document is executed in accordance any false information submitted in a document.	with section 605,0203 (1) (b). Florida Statutes, I am aware
Signature of a member or a This document is executed in accordance	with section 605,0203 (1) (b). Florida Statutes, I am aware
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.	with section 605.0203 (1) (b), Florida Statutes. I am aware nent to the Department of State constitutes a third degree for the constitutes are the degree for the constitutes are the cons
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.	with section 605.0203 (1) (b), Florida Statutes. I am aware nent to the Department of State constitutes a third degree for A
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 ment to the Department of State constitutes a third degree for the Department 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)