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(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

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(Requestor's Name)	
(Address)	400397
(Address)	100007
(City/State/Zip/Phone #) PICK-UP WAIT MAIL	09/27/20-
(Business Entity Name)	
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Special Instructions to Filing Officer:	

Office Use Only



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COVER LETTER

TO:	New Filing Se Division of C					
SURI		ericas Consulting, LLC				
.50150		(Name of Res	ulting 1	Plorida Lim	ited Com	ipany)
						d fees are submitted to convert an "Othe ecordance with s. 605.1045, F.S.
Please	e return all corre	espondence concerning	g this i	matter to:		
Robe	rt T. Thomma					
		(Contact Person)			_	
EHS /	Americas Consult	ting, LLC				
		(Firm/Company)			_	
4563	3rd Ave S					
		(Address)				
St. Pe	etersburg, FL 337	11				
		City, State and Zip Code)	_		_	
rthom	ıma@gmail.com					
E-r	nail Address: (to b	e used for future annual re	port not	ifications)	_	
For fi	urther information	on concerning this ma	tter, pl	ease call:		
Robe	rt T. Thomma		at (480	209-	9850
	(Name of Conta	ct Person)	_ _	(Area Code	(Day	time Telephone Number)
		or the following amou a bank located in the			process	ed by this office must be payable in US
(\$25 fc & \$12:	50.00 Filing Fees or Conversion 5 for Articles anization)	□\$155.00 Filing Fees and Certificate of Status		80.00 Filin Tertified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Addi New Filing So Division of C P.O. Box 632 Tallahassee, I	ection orporations 7			New I Divisi The C 2415 I	Address: Filing Section on of Corporations dentre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303

 $\mathcal{F} = \{ x_1, x_2, \dots, x_n \}$

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: EHS Americas 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
02/05/2020 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
EHS Americas 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 4th day of November	20
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative:	
Signature of Authorized Representative: Printed Name: Robert T. Thomma	Title: Director
Signature(s) on behalf of Other Business Entity:	
Signature:	
Printed Name: Robert T Thomm	a Title: Director
Signature: Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
D 1 1 1 1 1	Title:
Printed Name:	
If Florida Corporation:	
If Florida Corporation:	
	Officer.
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer. corporator must sign.
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	Officer. corporator must sign.
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In If Florida General Partnership or Limited Liabili Signature of one General Partner. If Florida Limited Partnership or Limited Liabili	Officer. corporator must sign. ity Partnership:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In If Florida General Partnership or Limited Liabili Signature of one General Partner.	Officer. corporator must sign. ity Partnership:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In If Florida General Partnership or Limited Liabili Signature of one General Partner. If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners. All others:	Officer. corporator must sign. ity Partnership:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In If Florida General Partnership or Limited Liabili Signature of one General Partner. If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	Officer. corporator must sign. ity Partnership:
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If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In If Florida General Partnership or Limited Liabili Signature of one General Partner. If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners. All others:	Officer. corporator must sign. ity Partnership:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In If Florida General Partnership or Limited Liabili Signature of one General Partner. If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners. All others: Signature of an authorized person. Fees:	Officer. corporator must sign. ity Partnership: ity Limited Partnership:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In If Florida General Partnership or Limited Liabili Signature of one General Partner. If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners. All others: Signature of an authorized person. Fees: Articles of Conversion:	Officer. corporator must sign. ity Partnership: ity Limited Partnership: \$25.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
EHS Americas Consulting, LLC (Must contain the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4563 3rd Ave S	4563 3rd Ave S
St. Petersburg, FL 33711	St Petersburg, FL 33711
	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.) The name and the Florida street address of the in Danielle L. Green	tered Agent. You must designate an individual or another
Name	e
4563 3rd Ave S	
Florida street address (P.O	D. Box NOT acceptable)
St. Petersburg	FL 33711
City	Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete	o accept service of process for the above stated limited in this certificate. I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 605, F.S

(CONTINUED)

ARTICLE IV-	
The name and address of each person authorized to manage and control the Limi Company:	ted Liability

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Robert T Thomma
	4563 3rd Ave S
	St Petersburg, FL 33711
	
	
(Use attachment if necessary)	
(Ose attachment if necessary)	
CLE V: Other provisions, if any.	
	
REQUIRED SIGNATURE:	N ///
11110	1/9/2
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Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name 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)