

L23000010891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

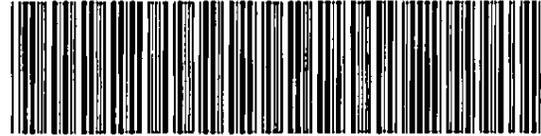
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400397480054

12/05/21 10:39:03 ***150.00

22 DEC -5 AM 10:07
SECRETARY OF STATE
FALL RIVER, MA

FILED





FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 14, 2022

IAN EPPS/ DAVID WILLAIMS
5212 HARBORSIDE DRIVE
TAMPA, FL 33615

SUBJECT: ELITE TAX & ACCOUNTING LLC
Ref. Number: W22000154015

12/15

We have received your document for ELITE TAX & ACCOUNTING LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must type the complete/legal name of the individual(s) signing the document in each signature block.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

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

ARCEDRA JOHNSON
Regulatory Specialist II

Letter Number: 822A00027820

22 DEC -5 AM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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NEW JERSEY DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES

CERTIFICATE OF FORMATION
ELITE TAX & ACCOUNTING LLC
0450329184

The above-named DOMESTIC LIMITED LIABILITY COMPANY was duly filed in accordance with New Jersey State Law on 12/06/2018 and was assigned identification number 0450329184. Following are the articles that constitute its original certificate.

1. **Name:**
ELITE TAX & ACCOUNTING LLC
2. **Registered Agent:**
DAVID WILLIAMS
3. **Registered Office:**
107 MAPLE AVE 2ND FL
MONTCLAIR, NEW JERSEY 07042
4. **Business Purpose:**
ELITE TAX & ACCOUNTING IS IN BUSINESS TO PROVIDE TAX AND ACCOUNTING SERVICES TO THE PUBLIC.
5. **Effective Date of this Filing is:**
12/06/2018
6. **Members/Managers:**
IAN EPPS
19 VAN WINKLE ST
BLOOMFIELD, NEW JERSEY 07003

DAVID R WILLIAMS
107 MAPLE AVE
MONTCLAIR, NEW JERSEY 07042

7. **Main Business Address:**
107 MAPLE AVE
MONTCLAIR, NEW JERSEY 07042

Signatures:
IAN EPPS
AUTHORIZED REPRESENTATIVE
DAVID R WILLIAMS
AUTHORIZED REPRESENTATIVE

22 DEC -5 AM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

NEW JERSEY DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES

CERTIFICATE OF FORMATION
ELITE TAX & ACCOUNTING LLC
0450329184



Certificate Number : 4066991885

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/ISP/Verify_Cert.jsp

*IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
6th day of December, 2018*

A handwritten signature in cursive script, appearing to read "Elizabeth Maher Muoio".

Elizabeth Maher Muoio
State Treasurer

FILED
22 DEC -5 AM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ELITE TAX & ACCOUNTING LLC

(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:

IAN EPPS OR DAVID WILLIAMS

(Contact Person)

ELITE TAX & ACCOUNTING LLC

(Firm/Company)

5212 HARBORSIDE DRIVE

(Address)

TAMPA FL, 33615

(City, State and Zip Code)

ELITETASERVICES@GMAIL.COM

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

DAVID WILLIAMS OR IAN EPPS at (8622022533, 3479338233)

(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)

- \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)
- \$155.00 Filing Fees and Certificate of Status
- \$180.00 Filing Fees and Certified Copy
- \$185.00 Filing Fees, Certified Copy, and Certificate of Status

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

FILED
 22 DEC -5 AM 4:07
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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:
ELITE TAX & ACCOUNTING 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 NEW JERSEY
(Enter state, or if a non-U.S. entity, the name of the country)

on 12/06/2018
(date of organization, formation or incorporation)

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

ELITE TAX 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.

FILED
DEC - 5 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ELITE TAX 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:

Principal Office Address:

Mailing Address:

ELITE TAX LLC
5212 HARBORSIDE DRIVE
TAMPA FL, 33615

ELITE TAX LLC
5212 HARBORSIDE DRIVE
TAMPA FL, 33615

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:

IAN EPPS
Name
5212 HARBORSIDE DRIVE
Florida street address (P.O. Box **NOT** acceptable)
TAMPA FL 33615
City Zip

FILED
22 DEC -5 AM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

Signed this 18 day of NOVEMBER 20

Signature of Authorized Representative of Limited Liability Company:

~~Signature of Authorized Representative:~~

Printed Name: DAVID R WILLIAMS

Title: ~~CO-OWNER~~

*Signature needed
title not accepted*

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature:

David R Williams

Printed Name: DAVID R WILLIAMS

Title: CO-OWNER

✓

Signature:

Jan Epps

Printed Name: IAN EPPS

Title: CO-OWNER

Signature: _____

Printed Name: _____

Title: _____

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized 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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

22 DEC -5 AM 4:07

FILED

ARTICLE IV-

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

Title:
"AMBR" = Authorized Member
"MGR" = Manager
AMBR

Name and Address:

DAVID R WILLIAMS
5212 HARBORSIDE DRIVE
TAMPA, FL 33615

AMBR

IAN EPPS
5212 HARBORSIDE DRIVE
TAMPA FL, 33615

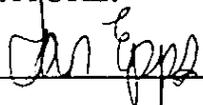
(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

22 DEC -5 AM 4:07
SECRETARY OF STATE
TALAHASSEE, FLORIDA

FILED

REQUIRED SIGNATURE:



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.

IAN EPPS

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)

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ELITE TAX & ACCOUNTING LLC

(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:

IAN EPPS OR DAVID WILLIAMS

(Contact Person)

ELITE TAX & ACCOUNTING LLC

(Firm/Company)

5212 HARBORSIDE DRIVE

(Address)

TAMPA FL, 33615

(City, State and Zip Code)

ELITETASERVICES@GMAIL.COM

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

DAVID WILLIAMS OR IAN EPPS at (8622022533) 3479338233

(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)

- \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)
- \$155.00 Filing Fees and Certificate of Status
- \$180.00 Filing Fees and Certified Copy
- \$185.00 Filing Fees, Certified Copy, and Certificate of Status

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

FILED
 22 DEC -5 AM 4:07
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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: ELITE TAX & ACCOUNTING 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 NEW JERSEY
(Enter state, or if a non-U.S. entity, the name of the country)

on 12/06/2018
(date of organization, formation or incorporation)

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

TALLAHASSEE
SECRETARY OF STATE
22 DEC - 5 41:07 PM
FILED

Signed this 18 day of NOVEMBER 20

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: David R Williams
Printed Name: DAVID R WILLIAMS Title: AMBR

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature: David R Williams
Printed Name: DAVID R WILLIAMS Title: AMBR

Signature: Ian Epps
Printed Name: IAN EPPS Title: AMBR

Signature: _____
Printed Name: _____ Title: _____

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.
If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized 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)

22 DEC -5 AM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Attached is a form to convert an "Other Business Entity" into a "Florida Limited Liability Company" pursuant to section 605.1045, Florida Statutes. These forms are basic and may not meet all conversion needs. The advice of an attorney is recommended.

Pursuant to s. 605.0102(23)a, F.S., entity means: a business corporation, a nonprofit corporation, a general partnership, including a limited liability partnership, including a limited partnership, including a limited liability limited partnership; a limited liability company; a real estate investment trust; or any other domestic or foreign entity that is organized under an organic law.

Filing Fees: \$150.00 (\$25 for Articles of Conversion and \$125 for Articles of Organization)

Certified Copy (optional): \$30.00

Certificate of Status (optional): \$5.00

Send one check in the total amount payable to the Florida Department of State.

Please include a cover letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

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

For further information, you may contact the New Filing Section at (850) 245-6052.

Important Notice: As a condition to the conversion, pursuant to s.605.0212(9), F.S., each party to the conversion must be active and current through December 31 of the calendar year this document is being submitted to the Department of State for filing.

INHS11 (7/17)

22 DEC -5 AM 4:07
SECRETARY OF STATE
TALLAHASSEE, FL
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ELITE TAX 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:

Principal Office Address:

Mailing Address:

ELITE TAX LLC
5212 HARBORSIDE DRIVE
TAMPA FL, 33615

ELITE TAX LLC
5212 HARBORSIDE DRIVE
TAMPA FL, 33615

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

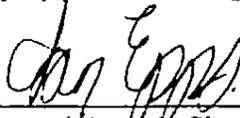
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

IAN EPPS
Name
5212 HARBORSIDE DRIVE
Florida street address (P.O. Box **NOT** acceptable)
TAMPA FL 33615
City Zip

22 DEC -5 AM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

DAVID R WILLIAMS

5212 HARBORSIDE DRIVE

TAMPA, FL 33615

AMBR

IAN EPPS

5212 HARBORSIDE DRIVE

TAMPA FL, 33615

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

FILED
22 DEC 15 AM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REQUIRED SIGNATURE:



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.

IAN EPPS

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)