# 12000012658

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	<u></u>	

Office Use Only



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01/12/23--01001--003 \*\*150.00

PRESENTARY OF STATE



## **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:  (Enter Name of Other Business Entity)
·
2. The "Other Business Entity" is a Solve ported of the (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of <u>GLOVGIA</u> , <u>USA</u> (Enter state, or if a mon-U.S. entity, the name of the country)
on Aug 28 200 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Performance Consultive LLC (Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
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.

ZOZ3 JAN II PH 3: 49
SECRETARY OF STATE

Signed this 11 day of January	2023.	
Signature of Authorized Representative of Limit	ed Liability Company:	
Signature of Authorized Representative: Printed Name: Cheryle Mauvest	Title: CO/OWNER	
Signature(s) on behalf of Other Business Entity: [5	See below for required signature(s)]	
Signature:  Printed Name: Cheryle Maurer	Title: CEO JOW NEVE	
Signature:		
Signature: Printed Name:	Title:	
Signature:		
Signature: Printed Name:	_ Title:	
Signature:		
Signature:Printed Name:	_ Title:	
Signature:		
Signature: Printed Name:	Title:	
Signatura		
Signature:Printed Name:	_ Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.		
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:	
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y 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)	SECRETAR

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Per Covince Consider (Must contain the words "Limited Liability Contains the words "Liability Contains the words "	npany, "L.L.C.")	<u>ン</u>
ARTICLE II - Address: The mailing address and street address of the princi	pal office of the Limited Lia	ibility Company is:
Principal Office Address:	lailing Address:	
76 Sia sconset Lane Inlet Beach, FL	Same-	
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	fice, & Registered Agent's Agent. You must designate an individ	Signature: dual or another
The name and the Florida street address of the regis	stered agent are:	
Cheryle Manne	UVEX	
The Sig Scanset Florida street address (P.O. Bo	x NOT acceptable)	
Inlet Beach,	FL 3246	
Having been named as registered agent and to ac liability company at the place designated in thi registered agent and agree to act in this capacity. statutes relating to the proper and complete perf accept the obligations of my position as registe	s certificate, I hereby accept I further agree to comply wi formance of my duties, and I c	the appointment as ith the provisions of all am familiar with and
OW	<u></u>	
Registered Agent's Signatu (CONTINUE		FILE C 2023 JAN 11 PH SECRETARY OF TALLAHASSEI
		My w

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"AMBR" = Authorized Member  "MGR" = Manager  OUN	Chenje Maurer 76 Sthsionset Lane Inlet Beach, It 32461	
	NA	
	NA	
<del></del>	NA	
(Use attachment if necessary)		
ARTICLE V: Other provisions, if any.		
REQUIRED SIGNATURE:	7	
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that nent to the Department of State constitutes a third degree felony	
CHERYLI	= MAURER	
•	ped or printed name of signee  Filing Fees	
\$125.00 Filing Fee for Articles o	f Organization and Designation of Registered Agent	
\$ 30.00 Certified Copy (Options	al) \$ 5.00 Certificate of Status (Optional)	

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

ARTICLE IV-