# 123000014307

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Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FL

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### **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: Carol B. Pressey, PA
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
February 22, 2017  (date of organization, formation or incorporation)
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Carol B. Pressey, 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 locument'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.
SECR TAL

Signed this 12th day of January	20 <u> 23</u>	
Signature of Authorized Representative of Lin	nited Lighility Company	
Signature of Authorized Representative:  Printed Name: Carol B. Pressey	H. H. Manager Title: Manager	
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]	
Signature: Live Printed Name: Carol B. Pressey		
Printed Name: Carol B. Pressey	Title: President	
Signature: Printed Name:	Title:	
Signature: Printed Name:	Title:	
Signature:Printed Name:	Title:	
Signature:Printed Name:	Title:	
Signature:Printed Name:	Title	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer	
If Directors or Officers have not been selected, an In		
If Florida General Partnership or Limited Liabili	ty Partnership:	
Signature of one General Partner.		
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:	
All others: Signature of an authorized person.		
Fees:	ဟ	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company i	s:	
, , ,		
Carol B. Pressey, LLC		
(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "I	LC.")
ADMICLETT		
ARTICLE II - Address: The mailing address and street address of the	principal office of the	Limited Liability Company is:
Principal Office Address:	Mailing Address:	
2425 Johio Bay Drive	2425 Johio Bay Driv	ve
Ocoee, FL 34761	Ocoee, FL 34761	<del></del>
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)  The name and the Florida street address of the	istered Agent. You must desig	
The name and the Florida street address of the	registered agent are.	
Carol B. Pressey		
Nan	ne	
2425 Johio Bay Drive		
Florida street address (P.6	O. Box <u>NOT</u> acceptable	le)
Ocoee	FL <sup>34761</sup>	
City	Zip	<del></del>
Having been named as registered agent and liability company at the place designated it registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as reaccept the Registered Agent's Sig	in this certificate, I here city. I further agree to performance of my dut egistered agent as proving ture (REQUIRED)	comply with the provisions of all ties, and I am familiar with and tided for in Chapter 605, F.S
		SEE. F.

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

"AMBR" = Authorized Member "MGR" = Manager	
MGR	Carol B. Pressey
	2425 Johio Bay Drive
	Ocoee, FL 34761
<u> </u>	
<del></del>	
	<del></del>
(Use attachment if necessary)	
(Osc attachment it necessary)	
LE V: Other provisions if any	
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Signature of a member or a	an authorized representative of a mentber with section 605.0203 (1) (b), Florida Statutes, 1 am aware
Signature of a member or a This document is executed in accordance wany false information submitted in a docum	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware
Signature of a member or a	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware
Signature of a member or a This document is executed in accordance wany false information submitted in a document 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
Signature of a member or a This document is executed in accordance wany false information submitted in a document as provided for in s.817.155, F.S.  Carol B. Pressey	ECRETARY OF S TALLAHASSEE.

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)