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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE
TALLARASSEE, FL

#### **COVER LETTER**

TO:	New Filing Se Division of C							
CHD		nsulting Services, LLC.						
SUB	EC1	(Name of Re	sulting Florida Lim	ited Cor	mpany)	_		
The e Busin	nclosed Articles	s of Conversion, Artic a "Florida Limited L	les of Organiza iability Compar	tion, ar ıy" in a	nd fees are submitted to accordance with s. 605.	convert 1045, F.S	an "O S.	ther
Please	e return all corre	espondence concernin	g this matter to:	:				
Donna	a Allen							
	· -	(Contact Person)		_				
Allen	Consulting Service	ces, LLC						
		(Firm/Company)		<del></del>				
19508	3 Silver Oak Drive	<b>e</b>						
		(Address)		<del></del>				
Ester	o, FL 33967							
	(0	City, State and Zip Code)		<del></del>				
dallen	@theallengp.con	n						
E-1	mail Address: (to b	e used for future annual re	port notifications)	_				
For fi	arther information	on concerning this ma	tter, please call	<u>.</u>				
Donna	a Allen		at ( <u>678</u>	360-	-0651			
	(Name of Conta	ct Person)	(Arca Cod	c) (Da	ytime Telephone Number)	_		
		or the following amou a bank located in the		proces	ssed by this office must	be payab	ole in	US
(\$25 fo & \$12:	50.00 Filing Fees or Conversion 5 for Articles anization)	S155.00 Filing Fees and Certificate of Status	☐\$180.00 Filin and Certified Co		■\$185.00 Filing Fees, Certified Copy, and Certificate of Status			
	Mailing Addr New Filing So Division of C P.O. Box 632 Tallahassee, F	ection orporations 7		New Divis The 0	et Address: Filing Section sion of Corporations Centre of Tallahassee N. Monroe Street, Suithassee, FL 32303	SECRETARY OF TALLACESSE tallaces	2023 JAN -6 AF	- 3-44 -

#### **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:
The Allen Consulting Group, LLC.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
2/9/2004 on .
2/9/2004 on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  Allen Consulting Services, 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.



#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Allen Consulting Services,LLC.	
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
19508 Silver Oak Drive	19508 Silver Oak Drive
Estero, FL 33967	Estero, FL 33967
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)  The name and the Florida street address of the registration.  Donna S. Allen	ered Agent. You must designate an individual or another egistered agent are:
Namo	
19508 Silver Oak Drive	Day NOT accomtable)
Florida street address (P.O	
Estero City	FL 33967 Zip
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and existered agent as provided for in Chapter 605, F.S
Registered Agent's Sign	ature (REQUIRED)  SECRETALL  ALL  TALL  TA

Signed this first day of January	_20_ <u>23</u>
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Danie	Saller_
Signature of Authorized Representative:	Title: President
Signature(s) on behalf of Other Business Entity:	
Signature: Domes S. allo	
Signature: Dome S. Allen Printed Name: Dome 5. Gillen	_ Title: _ President
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an Inc	corporator must sign.
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:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

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

	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Donna S Allen
	19508 Silver Oak Drive
	Estero, FL 33967
<del></del>	
<del></del>	
(Use attachment if necessary)	
I E V. Other provisions if any	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	r an authorized representative of a member
REQUIRED SIGNATURE:  Dome S. Celler  Signature of a member of This document is executed in accordance.	r an authorized representative of a member se with section 605.0203 (1) (b), Florida Statutes. I am aware th
REQUIRED SIGNATURE:  Dime S Ciller  Signature of a member of This document is executed in accordance any false information submitted in a document in a docu	r an authorized representative of a member
REQUIRED SIGNATURE:  Dime S. Celler  Signature of a member of This document is executed in accordance any false information submitted in a document as provided for in \$ 817,155, E.S.	r an authorized representative of a member see with section 605.0203 (1) (b). Florida Statutes. I am aware the tument to the Department of State constitutes a third degree felorises.
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Signature of a member of This document is executed in accordance any false information submitted in a document as provided for in s.817.155. F.S.  S125.00 Filing Fee for Articles	r an authorized representative of a member ce with section 605.0203 (1) (b). Florida Statutes. I am aware the tument to the Department of State constitutes a third degree fellowers for printed name of signee  Filing Fees  of Organization and Designation of Registered goal)  \$ 5.00 Certificate of Status Option

Control Number: 0408990

## STATE OF GEORGIA

### **Secretary of State**

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I. Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

# The Allen Consulting Group, LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 24111507
Date Inc/Auth/Filed: 02/09/2004
Jurisdiction : Georgia
Print Date : 01/05/2023
Form Number : 21 53

JAN -6 AMIC ECRETARY OF S TALLAHASSEE

Brad Raffensperger Secretary of State

