

L23000031265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

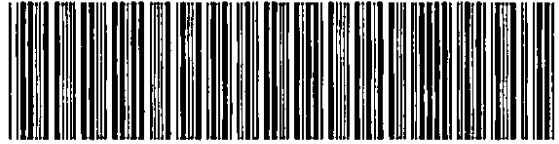
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/03/23--01016--000 **150.00

23 JAN -3 PM 2:49
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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 10, 2023

JULAN MUSTAFA ESQ.
18948 N DALE MABRY HWY STE 102
LUTZ, FL 33548

SUBJECT: CRISIS PREVENTION AND RECOVERY, LLC
Ref. Number: W23000002633

2023 JAN 10 4:11:10:56

We have received your document for CRISIS PREVENTION AND RECOVERY, 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):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

Please return your document, along with a copy of this letter, within 60 days or 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: 823A00000672

SECRET
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11/10/2015 BY 60322
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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CRISIS PREVENTION AND RECOVERY, 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:

JULAN MUSTAFA, ESQ.

(Contact Person)

MUSTAFA LAW FIRM, P.A.

(Firm/Company)

18948 N. DALE MABRY HWY, STE 102

(Address)

LUTZ, FL 33548

(City, State and Zip Code)

Julan@MustafaLawFirm.com

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

For further information concerning this matter, please call:

Julan Mustafa 727 725-7600
at ()
(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

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 SECRETARY OF STATE
 TALLAHASSEE, FL 32303

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:
CRISIS PREVENTION AND RECOVERY, LLC

(Enter Name of Other Business Entity)
LIMITED LIABILITY COMPANY

2. The "Other Business Entity" is a _____
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
MASSACHUSETTS

First organized, formed or incorporated under the laws of _____
(Enter state, or if a non-U.S. entity, the name of the country)

SEPTEMBER 15, 1999

on _____
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:
CRISIS PREVENTION AND RECOVERY, LLC

(Enter Name of Florida Limited Liability Company)
January 1, 2023

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.

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TALLAHASSEE, FLORIDA

4120000015114

Signed this 23 day of DECEMBER 2022.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: Brian L. Pate
Printed Name: BRIAN L. PATE Title: MANAGER

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

Signature: Brian L. Pate
Printed Name: BRIAN L. PATE Title: MANAGER

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 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)

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CRISIS PREVENTION AND RECOVERY, 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:

15148 SPRINGVIEW ST.
TAMPA, FL 33624

Mailing Address:

15148 SPRINGVIEW ST.
TAMPA, FL 33624

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:

BRIAN L. PATE

Name 15148 SPRINGVIEW ST.
TAMPA, FL 33624

Florida street address (P.O. Box NOT acceptable)

FL


City

Zip

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TALLAHASSEE, FLORIDA

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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

MGR

Name and Address:

BRIAN L. PATE

15148 SPRINGVIEW ST.

TAMPA, FL 33624

AMBR

ANTICIPATE DESIGN, INC.

15148 SPRINGVIEW ST.

TAMPA, FL 33624

AMBR

ALAN KUSINITZ

65 S. Jackson St.

Denver, CO 80209

(Use attachment if necessary)

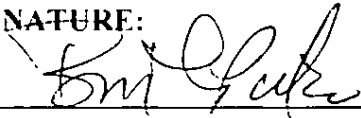
ARTICLE V: Other provisions, if any.

N/A

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FALLAH STREET, TALLAHASSEE, FL 32399

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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.

BRIAN L. PATE, MANAGER

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)

MUSTAFA LAW FIRM, P.A.
CLIENT TRUST
PO Box 1487
Eliens, FL 34680

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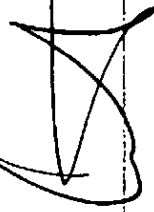
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Pay to the Order of FLORIDA DEPARTMENT OF STATE \$ 150.00
DNS HUNDRED FIFTY XX Dollars

CenterState

For - Crisis Intervention - ACT 2000



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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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DEPOSIT ONLY 150.00
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2023-01-06

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Mustafa Law Firm, P.A.
18948 N. Dale Mabry Hwy. N., Suite 102, Tampa, FL 33548
Mailing Address: P.O. Box 1487, Elfers, FL 34680
Phone: 727-725-7600 Fax: 727-213-6937
Info@MustafaLawFirm.com

January 20, 2023

Division of Corporations
Florida Department of State
PO Box 6327
Tallahassee, FL 32314

RE: Crisis Prevention and Recovery, LLC
Ref. Number: W23000002633

To whom it may concern,

Enclosed please find the return of your correspondence regarding the above referenced matter,
along with our original filing and a copy of the cleared check.

The annual report has been submitted accordingly.

Don't hesitate to contact me with any questions or concerns.

Best regards,

/s/ Julian Mustafa

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*The contents of this correspondence and any enclosures are intended solely for the addressee(s) named in this message. This communication is intended to be and to remain confidential and may be subject to applicable attorney/client and/or work product privileges and is exempt from disclosure under public records laws. Do not deliver, distribute or copy this correspondence and/or any enclosures. If you received this communication in error, please return it to sender immediately.