# 123000054043

(	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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01/19/23--01017--008 \*\*185.88

SECRETARY OF STATE ALLAHASSEE, FLORID

FILED

#### **COVER LETTER**

SUBJECT: BWS Accounting, LLC		
	ulting Florida Limit	ed Company)
The enclosed Articles of Conversion, Articles Business Entity" into a "Florida Limited Li		on, and fees are submitted to convert an "Other" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning	g this matter to:	
Beaugwynn Wigley-Sandor		
(Contact Person)		
BWS Accounting, LLC		
(Firm/Company)		
3520 Oak Grove Ct		
(Address)		
Haines City, FL 33844		
(City, State and Zip Code)		
bo_cpa@yahoo.com		
E-mail Address: (to be used for future annual rep	port notifications)	
For further information concerning this mat	tter, please call:	
Beaugwynn Wigley-Sandor	_at ( <sup>609</sup>	203-1314
(Name of Contact Person)		(Daytime Telephone Number)
Enclosed is a check for the following amou dollars and drawn on a bank located in the	nt: (All checks p United States)	rocessed by this office must be payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ☐ \$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop	Fees #\$185.00 Filing Fees, Fees Fees
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

TO:

New Filing Section Division of Corporations

#### **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.

BWS 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
(Enter state, or if a non-U.S. entity, the name of the country)
January 10-2019 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:
BWS Accounting, LLC
(Enter Name of Florida Limited Liability Company)  4. If not effective on the date of filing, enter the effective date:
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
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.

Signature of Authorized Representative: [2] Printed Name: Beaugwynn Wigley-Sandor	Title: Owner (	
Signature(s) on behalf of Other Business Er	ntity:  See below for required signatu	re(s)
Signature: Rangewert Myly & Printed Name: Beaughynn Wigley-Sandor	ando	
Printed Name: Beaugwynn Wigley-Sandor	Title: Owner	<del></del>
Signature:Printed Name:		<del></del>
Printed Name:	Title:	<del></del>
Signature:Printed Name:		<del></del>
Printed Name:	Title:	
Signature:Printed Name:		
Printed Name:	Title:	<u></u>
Signature:Printed Name:	m. I	<del></del>
Printed Name:	Title:	<del></del>
Signature:	T:1	
Printed Name:	Title:	<del></del>
If Florida Corporation: Signature of Chairman, Vice Chairman, Direct	tor or Officer	For N
If Directors or Officers have not been selected		Z3 JAN SECREI
If Florida General Partnership or Limited 1	Liability Partnership:	N 19 HASS
Signature of one General Partner.		
If Florida Limited Partnership or Limited 1	Liability Limited Partnership:	TO PA S
Signatures of <u>ALL</u> General Partners.		5: 02 STATE LORUD
All others:		
Signature of an authorized person.		
Fees:		
Articles of Conversion:	\$25.00	

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

Signed this 9th day of January 20 \_\_\_\_\_

Fees for Florida Articles of Organization:

Certified Copy:

Certificate of Status:

Signature of Authorized Representative of Limited Liability Company:

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Lim	e. nited Liability Company	/ is:	
BWS Accounting, LLC		ability Company, "L.L.C.," or "LLC.")	<del></del>
(iviusi	comain the words. Enimed Lis	ibility Company, C.E.C., or El.C. )	
ARTICLE II - Add			d Linkilian Commonnia
The mailing address	and street address of th	e principal office of the Limite	d Liability Company is:
Principal Office Ad	ldress:	<b>Mailing Address:</b>	
3520 Oak Grove Ct, H	laines City, FL 33844	3520 Oak Grove Ct, Haines	s City, FL 338
	<del></del>		
(The Limited Liability Conbusiness entity with an ac	npany cannot serve as its own R tive Florida registration.)	ered Office, & Registered Age Registered Agent. You must designate an in the registered agent are:	
<u>-</u>	<del></del>	lame	
	3520 Oak Grove Ct		. 23 SE
<u>-</u>		P.O. Box NOT acceptable)	Z3 JAN SECREI
}	laines City	FL 33844	ASSEE M
	City	Zip	
liability compa registered agent a statutes relating	ny at the place designate and agree to act in this ca to the proper and compl gations of my position a	nd to accept service of process for in this certificate, I hereby acceptancity. I further agree to complete performance of my duties, and serviced agent as provided for the control of th	cept the appointm <b>e</b> nt as ly with the provisions of all nd I am familiar with and

(CONTINUED)

#### ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Beaugwynn Wigley-Sandor
	3520 Oak Grove Ct.
	Haines City, FL 33844
(Use attachment if necessary)	
	SE SE TALL
	CS: CS:
LE V: Other provisions, if any.	CRET
	The state of the s
	<u> </u>
	ー グー く ファ
REQUIRED SIGNATURE:	重告 。
$\sim$	0
7 Deaugury of Male	y-Sandor
0 0 0	J (
Signature of a member of	or an authorized representative of a member
This document is executed in accordan	nce with section 605.0203 (1) (b), Florida Statutes. I am aware that scument to the Department of State constitutes a third degree felony
as provided for in s.817.155, F.S.	cancin to the Department of State constitutes a finite degree letony
·	
Beaugwynn Wigley-Sandor	
	Typed or printed name of signee Filing Fees

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

## STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

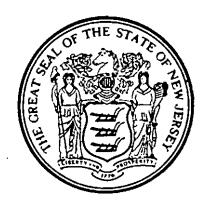
#### BWS ACCOUNTING LLC 0450338357

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on January 10, 2019.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

BEUGWYNN SANDOR 9 MILLENNIUM DR COLUMBUS. NJ 08022



IN TESTIMONY WHEREOF. I have hereunto set my hand and affixed my Official Seal at Trenton, this 7th day of January. 2023

Elizabeth Maher Muoio State Treasurer

Certificate Number : 6139141146

Verify this certificate online at

https://www1.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp

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