# L23000070151

(Re	questor's Name)	
(Ad	dress)	
•	•	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
	-in C-NM	
(80	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
	-	
Special Instructions to	Filing Officer:	
_		

Office Use Only



900400664189

01/27/23--01024--009 \*\*150.00

2023 J.11 2 7 AN IO: 39



TO:	New Filing Section
	Division of Corporations

SUBJECT: Crawford Capital Consulting, 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:

Holly J. Stanford					
	(Contact Person)				
Crawford Capital Cons	sulting, LLC				
	(Firm/Company)				
4510 Pinehurst Trl. W.					
	(Address)		<del></del>		
Oakland Park, FL 333	09				
	City, State and Zip Code)		_		
hollyjstanford@crawfo	rdcapitalconsulting.com				
E-mail Address: (to b	e used for future annual re	port notification:	<u> </u>		
For further informati	on concerning this ma	tter, please ca	l:		
Holly J. Stanford		at ( 901	) 299-	9098	
(Name of Cont	act Person)	_ \	de) (Day	time Telephone Number)	
	for the following amou a bank located in the			sed by this office must be payable in	ı US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180,00 Fil and Certified	~	☐\$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

INHS11 (7/17)

# **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.	<b>&gt;</b>
Crawford Capital Consulting, LLC	ess Entity" immediately prior to the filing of the Articles of Conversion is:
	nter Name of Other Business Entity)
2. The "Other Business Entity" is	limited liability company s a ple: corporation, limited partnership, general partnership, common law or business trust, etc.
	orated under the laws of
-	(Enter state, or if a non-U.S. entity, the name of the country)
October 30, 2013	
On(date of organization, formation or i	neorporation)
3. The name of the Florida Limit	ed Liability Company as set forth in the attached Articles of Organization:
Crawford Capital Consulting, LLC	
(Enter Nan	ne of Florida Limited Liability Company)
4. If not effective on the date of f	iling, enter the effective date:
the date this document is filed l	prior to date of receipt or filed date nor more than 90 calendar days after by the Florida Department of State.) Goes not meet the applicable statutory filing requirements, this date will not be listed as the ment of State's records.
5. The plan of conversion has bee	en approved in accordance with all applicable statutes.
6. The "Converted or Other Busine	ess 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.

Signed this 23rd day of January	20_23
Signature of Authorized Representative of Limit	ted Liability Company:
Signature of Authorized Representative: Holly Printed Name: Holly J. Stanford	KTAH-SYZ Vritle: Auth. Rep; Reg'd Agent; Counsel
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature: Holly Ktanford Printed Name: Holly Stanford	W. L. Auth. Deer Beeld Agents Councel
Printed Name: Holl NJ. Stanford	Title: Auth. Rep; Reg a Agent; Counsel
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	_ Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
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.	ty Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	ty 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)

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Lim	e: nited Liability Company	'is:	
Crawford Capital Cons	sulting, LLC		<u>_</u>
(Must	contain the words "Limited Lia	ibility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Add The mailing address	ress: and street address of th	e principal office of the Limited Liabil	ity Company is:
Principal Office Ad	ldress:	Mailing Address:	
4510 Pinehurst Trl. W	•	4510 Pinehurst Trl. W.	<u>.</u>
Oakland Park, FL 333	09	Oakland Park, FL 33309	
		ne registered agent are.	
	Holly J. Stanford	he registered agent are:	
		ame	
<u> </u>			
<u> </u>	N 4510 Pinehurst Trl. W.	P.O. Box <u>NOT</u> acceptable)	
<u>+</u>	N 4510 Pinehurst Trl. W.	P.O. Box <u>NOT</u> acceptable)	
<u>+</u>	N 4510 Pinehurst Trl. W. Florida street address (	ame	

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2020 JAN 10: 40

#### ARTICLE IV-

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

'AMBR" = Authorized Member	
'MGR" = Manager	Ol Surabas T. Oss. food
AMBR/Member/Own	Christopher T. Crawford
	4510 Pinehurst Trl. W.
	Oakland Park, FL 33309
-	
	<del></del>
Use attachment if necessary)	
<b>LE V:</b> Other provisions, if any,	
• •	

## **REQUIRED SIGNATURE:**

Holy Blantard

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.

Holly J. Stanford (Auth. Rep; Reg'd Agent; Counsel)

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)