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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Dc	ocument Number)	1
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

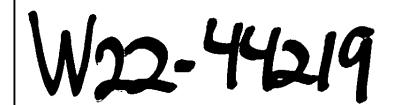


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TO OTTHER SAMPLING

2022 HAY 24 PM 12: 2



COVER LETTER

TO:	New Filing Se Division of C				
SHR	ECT: JP Natio	onal Solutions, LLC			
301		(Name of Res	ulting Florida Limi	ted Corr	npany)
					d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Pleas	e return all corre	espondence concerning	g this matter to:		
J. Pat	rick Bayliss				
		(Contact Person)		_	
		(Firm/Company)		-	
13629	Treasure Cove	Circle		_	
		(Address)			
N. Pa	lm Beach, FL 33	408		_	
	((City, State and Zip Code)			
ptrick	s@aol.com			_	
E-1	nail Address: (to b	e used for future annual re	port notifications)		
For fi	ırther informati	on concerning this ma			
J. Pa	trick Bayliss		_at () 565-9	9050
	(Name of Conta	ict Person)	(Area Code) (Day	time Telephone Number)
		for the following amou a bank located in the		process	sed by this office must be payable in US
(\$25 fi & \$12	50.00 Filing Fees or Conversion 5 for Articles anization)	☐\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing and Certified Co		■\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of O P.O. Box 632 Tallahassee, 1	ection Corporations 17		New I Divisi The C 2415	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810

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: JP Solutions, LLC (Connecticut)
(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
(Enter state, or if a non-U.S. entity, the name of the country)
01/30/2018
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
JP National Solutions, 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.

Signed this 24 Th day of May	20 <u> 2</u>	
Signature of Authorized Representative of Lin		
Signature of Authorized Representative:		
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)	
Signature:	Title: Manager	
Signature:	· · · · · · ·	
Printed Name:	Title:	
Signature:		
Signature:Printed Name:	Title:	
Signature:Printed Name:	Title:	
Signature:Printed Name:	Title	
Signature:Printed Name:		
Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or		
If Directors or Officers have not been selected, an In	corporator must sign.	
If Flor <u>ida General Partnership or Limited Liabili</u>	ity Partnership:	
Signature of one General Partner.		
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:	= 1
All others: Signature of an authorized person.		生152
Fees:		7.
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	200

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam	e:	
The name of the Lin	nited Liability Company	y is:
JP National Solutions	: 110	
(Mus	a contain the words "Limited Li	ability Company, "L.U.C.," or "LUC.")
ARTICLE II - Ado	dress:	
The mailing address	s and street address of th	ne principal office of the Limited Liability Company is:
Principal Office A	ddress:	Mailing Address:
13629 Treasure Cov	e Circle	13629 Treasure Cove Circle
N. Palm Beach, FL 3		N. Palm Beach, FL 33408
ARTICLE III - Re	ogistered Apent Regist	N. Palm Beach, FL 33408 Fered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
ARTICLE III - Re (The Limited Liability Co- business entity with an a	egistered Agent, Regist impany cannot serve as its own ictive Florida registration)	ered Office. & Registered Agent's Signature:
ARTICLE III - Re (The Limited Liability Co- business entity with an a	egistered Agent, Regist impany cannot serve as its own ictive Florida registration)	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
ARTICLE III - Re (The Limited Liability Co- business entity with an a	egistered Agent, Regist impany cannot serve as its own ictive Florida registration) Florida street address of J. Patrick Bayliss	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
ARTICLE III - Re (The Limited Liability Co- business entity with an a	egistered Agent, Regist impany cannot serve as its own ictive Florida registration.) Florida street address of J. Patrick Bayliss 13629 Treasure Cove Ci	Registered Agent's Signature: Registered Agent You must designate an individual or another the registered agent are: Name
ARTICLE III - Re (The Limited Liability Co- business entity with an a	egistered Agent, Regist impany cannot serve as its own ictive Florida registration.) Florida street address of J. Patrick Bayliss 13629 Treasure Cove Ci	Registered Agent's Signature: Registered Agent You must designate an individual or another the registered agent are: Name ircle (P.O. Box NOT acceptable)
ARTICLE III - Re (The Limited Liability Co- business entity with an a	egistered Agent, Regist impany cannot serve as its own ictive Florida registration.) Florida street address of J. Patrick Bayliss 13629 Treasure Cove Ci	Registered Agent's Signature: Registered Agent You must designate an individual or another the registered agent are: Name

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)

2022 MAY 24 PH 12: 27

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager MGR	L Dahrah Da Kas	
10071	J. Patrick Bayliss 13629 Treasure Cove Circle	
	N. Palm Beach, FL 33408	
	W. Faith Beach, FL 33408	
		
		
	*	≥
Use attachment if necessary)		APASSEE, FL FL F
• /		5.5
E.V. Oak		
E V: Other provisions, if any.		·
		 ;
		
EQUIRED SIGNATURE:	1-, 1	
3	\	
Signature of a member or or	, .	
This document is executed in accordance wi	authorized representative of a member th section 605.0203 (1) (b), Florida Statutes, I am	er
any false information submitted in a document as provided for in s.817.155, F.S.	in section 605.0203 (1) (b), Fforida Statutes. I am of to the Department of State constitutes a third de	gree felony
J. Patrick Bayliss	_	
Турес	for printed name of signee	
	Filing Fees	tered Agen

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

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

ARTICLE IV-