# L 23000120328

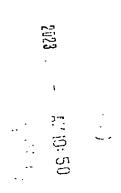
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
(ORY/ORAC/ZIPA HONE #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	_
(Document Number)	
Certified Copies Certificates of	Status
Special Instructions to Filing Officer:	
	3/3

Office Use Only



900402200649

02 13.22--01039--039 \*\*189.00





March 1, 2023

JONATHAN PERGERSON 1532 US HWY 41 BYPASS SOUTH #110 VENICE, FL 34293 US

SUBJECT: THE PERGERSON GROUP LLC

Ref. Number: W23000028037

We have received your document for and your check(s) totaling \$185.00. 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.

If you have any further questions concerning your document, please call (850) 245-6052.

KAIN COSTELLO Regulatory Specialist II New Filing Section

2023 . - 7111D: SO

Letter Number: 023A00004767

# **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: The Pergerson (Name of Resulting Florida	
The enclosed Articles of Conversion, Articles of Organ Business Entity" into a "Florida Limited Liability Com	
Please return all correspondence concerning this matter	· to:
Johathan Percerion (Contact Person) Flotacal (Firm/Company)	
532 US hwy 41 bypass s	South #110
Venice FL 34293 (City, State and Zip Code)	
Jona Han pergerson @ gmail. com E-mail Address. (to be used for future annual report notification)	ons)
For further information concerning this matter, please of Jonathan Pergeron at (72 (Area of Contact Person)	call:  7 331 - 1582  Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All check dollars and drawn on a bank located in the United State	
\$150.00 Filing Fees (S155.00 Filing Fees and Certificate of Status)  \$150.00 Filing Fees and Certificate of Status  \$150.00 Filing Fees and Certificate of Status	Filing Fees  d Copy  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

# **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.

Signed this 9th day of February	_20_23_
Signature of Authorized Representative of Lim	
Signature of Authorized Representative: Printed Name: Jonathan Persented	Title: (FO
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature:	
Signature: Printed Name Join Color Pergerita	Title: CEO
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Ir	
If Florida General Partnership or Limited Liabil Signature of one General Partner.	ity Partnership:
If Florida Limited Partnership or Limited Liabil Signatures of <u>ALL</u> General Partners.	ity 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

ARTICLE I - Name: The name of the Limited Liability Company is:		
The Pergerson (Must contain the words Ximited Liability	Company, L.L.C.," or "LLC.")	· · · · · ·
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limite	d Liability Company is:
Principal Office Address:	Mailing Address:	
1532 US HWY 41 bypast south 110 Venice, FC 34293	SKHE as	principal office
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)		
The name and the Florida street address of the re <u>Jonathan Pe</u> Name	-	
1532 us hwy 41 Florida street address (P.O.	Box NOT acceptable)	110
Vendre	FL 34293 Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacistatutes relating to the proper and complete paccept the obligations of my position as reg	this certificate, I hereby ac ty. I further agree to comp erformance of my duties, a	cept the appointment as ly with the provisions of all nd I am familiar with and
Registered Agent's Signa	ature (REQUIRED)	
(CONTINU	JED)	2023
		4

RT	ICI	1.7	IV.
 ĸı	11.1		. v -

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

HARADDE - A. Alestini, IRA control	
"AMBR" = Authorized Member "MGR" = Manager  A GR	Jonathan Pergerton 1532 us pury 41 bypass Jouth Venice, Fi 34293
MOR	1532 us hung 41 bypass south venice, 4 34293
(Use attachment if necessary)	
•	
(Use attachment if necessary)  CLE V: Other provisions, if any.	
•	
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware that ament to the Department of State constitutes a third degree felony
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155. F.S.	e with section 605,0203 (1) (b), Florida Statutes. I am aware that ament to the Department of State constitutes a third degree felony
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a document and provided for in s.817.155. F.S.	e with section 605,0203 (1) (b), Florida Statutes. I am aware that innent to the Department of State constitutes a third degree felony