# 123000187992

(R	equestor's Name)	
(A	ddress)	<del></del>
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(C	ity/State/Zip/Phone #)	1
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 5, 2023

NADINE FRIEDMAN 14501 SW 287TH ST HOMESTEAD, FL 33033 US

SUBJECT: FRIEDMAN ACCOUNTING SERVICES, INC

Ref. Number: W23000045968

We have received your document for FRIEDMAN ACCOUNTING SERVICES, INC 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: 723A00007704

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## **COVER LETTER**

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SUBJE	CT: FRIEDM	AN ACCOUNTING SER	VICES, LLC					
		(Name of Res	sulting Florida Lin	nited Cor	npany)	···		
			-		ed fees are submitted to ecordance with s. 605.			er
Please	return all corre	espondence concernin	g this matter to	:				
NADINE	E FRIEDMAN							
-		(Contact Person)	•	_				
FRIEDN	MAN ACCOUNT	TING SERVICES, LLC						
	·	(Firm/Company)						
14501 5	SW 287TH ST							
	7.0	(Address)	•	_				
HOMES	STEAD, FL 330	33						
	((	City, State and Zip Code)	· · · · · · · · · · · · · · · · · · ·	<u> </u>		700	<i>~</i> 3	
NFRIED	MAN@NFRIE	DMANACCOUNTING.C	ЮМ			E C	23 MAR	<b>-7</b> 3
E-ma	iil Address: (to b	e used for future annual re	port notifications)	_		22 22 22	AR	, ,
For fur	ther information	on concerning this ma	tter, please call	:		3355	=	
NADINE	E FRIEDMAN		_at (	)825-	1540	00 13 T	AM 9: 1,2	O
	(Name of Conta	et Person)	(Area Cod	e) (Day	rtime Telephone Number)		<del>-</del>	
		or the following amou a bank located in the		proces	sed by this office must	be payabl		3
(\$25 for	.00 Filing Fees Conversion for Articles sization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filin and Certified Co	_	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status			
	Mailing Add New Filing So Division of C P.O. Box 632 Tallahassee, F	ection orporations 7		New Divis The C	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suit	te 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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: FRIEDMAN ACCOUNTING SERVICES, INC
(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-old, the table of the country)
on 05/22/2022 Section (date of organization, formation or incorporation) Section Secti
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
FRIEDMAN ACCOUNTING SERVICES 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.

\$30.00 (Optional)

\$5.00 (Optional)

Certified Copy:

Certificate of Status:

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liabi	ility Company is:	
FRIEDMAN ACCOUNTING SER	VICES, LLC	
(Must contain the w	words "Limited Liability Company, "L.L.C.," or "LLC.")	<del></del>
ARTICLE II - Address:		
The mailing address and street	address of the principal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	
	······································	
14501 SW 287TH ST	14501 SW 287TH ST	
HOMESTEAD, FL 33033	HOMESTEAD, FL 33033	
	Agent, Registered Office, & Registered Agent serve as its own Registered Agent. You must designate an inconstruction	
ousiness entity with all active Fiorida re	egistration.)	
The name and the Florida stree	et address of the registered agent are:	7A 2
NADINE FF	RIEDMAN	FIL 23 HAR 14 SECRE LAR ALL AHASS
	Name	
14501 SW 2	207TH ST	SSI II
rioriga si	reet address (P.O. Box <u>NOT</u> acceptable)	
HOMESTEA	AD 33033	27 <u>1</u>

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 \ Signature (REQUIRED)

City

(CONTINUED)

#### ARTICLE IV-

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

Name and Address:	
NADINE FRIEDMAN	
14501 SW 287TH ST	
HOMESTEAD, FL 33033	<del></del>
STEVEN R. FRIEDMAN	
14501 SW 287TH ST	
HOMESTEAD, FL 33033	
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	MAR TU RETARY AHASSE
	T
	NADINE FRIEDMAN 14501 SW 287TH ST HOMESTEAD, FL 33033 STEVEN R. FRIEDMAN

**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.

NADINE FRIEDMAN

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)