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CORPORATE ACCESS, _____

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236 East 6th Avenue, Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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XX	CERTIFIED COPY PHOTOCOPY		
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XX	FILING	CONVERSION	
1.	CARMICHAEL LEADERSE (CORPORATE NAME AND DOCUM		
2.	(CORPORATE NAME AND DOCUM	MENT #)	
3.	(CORPORATE NAME AND DOCUM	MENT #)	
4.	(CORPORATE NAME AND DOCU	MENT #)	
5.	(CORPORATE NAME AND DOCUM	MENT #)	
6.	(CORPORATE NAME AND DOCUME	MENT #)	
SPECIA INSTRU	AL JCTIONS:		

Articles of Conversion

For

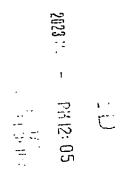
"Other Business Entity"

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: CARMICHAEL LEADERSHIP SOLUTIONS LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Company
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of (Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
08/15/2022 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:
CARMICHAEL LEADERSHIP 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 3rd day of May	20 <u>2023</u> .
Signature of Authorized Representative of Limit	ed Liability Company:
Signature of Authorized Representative: Clare Carmichael	Title: Member
Signature(s) on behalf of Other Business Entity: [5	See below for required signature(s)
Signature: Clave Carmichael Printed Name: Clare Carmichael	Title: Member
Signature:Printed Name:	_ Title:
Signature:Printed Name:	
Signature:Printed Name:	_ Title:
Signature: Printed Name:	Title:
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.	y Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y 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)

2023

TK 12: 05

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

CARMICHAEL LEADERSHIP SOLUTIONS LLC	ability Company, "L.L.C.," or "LLC.")
(Must contain the words) Emilies 1911	
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
	242 San Remo Drive
242 San Remo Drive	Jupiter, FL 33458
Jupiter, FL 33458	
and the state of a manager calling out to an income	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Registered Agents Inc.	f the registered agent are:
The name and the Florida street address of Registered Agents Inc. 7001 4th St. N. Suite	the registered agent are: C. \(\sime\) Name 300
The name and the Florida street address of Registered Agents Inc. 7001 4th St. N. Suite	f the registered agent are: c. Name
The name and the Florida street address of Registered Agents Inc. 7901 4th St. N., Suite Florida street address	f the registered agent are: C. \(\sigma \) Name 300 s (P.O. Box \(\frac{NOT}{2} \) acceptable) FL 33702
The name and the Florida street address of Registered Agents Inc. 7001 4th St. N. Suite	f the registered agent are: c.□ Name 300 s (P.O. Box NOT acceptable)

(CONTINUED)

Registered Agent's Signature (REQUIRED)

A	R	T	I	C	L	E	I	V	-
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The name and address of each person authorized to manage and control the Limited Liability Company:

"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Clare Carmichael
	242 San Remo Drive
	Jupiter, FL 33458
	
	
(Use attachment if necessary)	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
Clare Carr	neteri
Signature of a member	or an authorized representative of a member
Signature of a member. This document is executed in accorda any false information submitted in a document as provided for in s.817.155, F.S. Clare Carmichael	or an authorized representative of a member nee with section 605.0203 (1) (b), Florida Statutes. I am aware ocument to the Department of State constitutes a third degree fe
Signature of a member. This document is executed in accorda any false information submitted in a docas provided for in s.817.155, F.S. Clare Carmichael	or an authorized representative of a member