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

Office Use Only



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2023 HAY -1 PH 4: 40
SECRETARY CLISTATE

COVER LETTER

TO:	New Filing Sec Division of Cor							
CUBIE	343 Parkrd	ige LLC						
SUBJEC	.l:	Namo	of Limite	d Liabilit	y Company			
The encl	osed Articles of	Organization and fe	e(s) are su	bmitted	or filing.			
Please ro	eturn ali correspo	ondence concerning	this matter	to the fo	llowing:			
	Justin G. Cer	таto						
		•		Name of	Person			
	Blue Ocean	Law						
	 .			Firm/Cor	npany	<u> </u>		
	4309 Pablo (Daks Ct., 2nd Floor						
		 		Addre	SS			
	Jacksonville	, FL 32224						
			City/	State and	Zip Code			
	<u> </u>	eoceantitle.com	<u></u>			<u> </u>		
	I	E-mail address: (to b	e used for	future ar	inual report notificat	ion)		
For furthe	r information co	ncerning this matter	, please ca	11:				
	Justin G. Cer	rato	904 at (,	239-3646			
	Nam	e of Person	_ \-	Code	Daytime Telephon	ie Number		
Enclose	d is a check for t	he following amoun	t:					
≣\$ 125.	00 Filing Fee	□\$130.00 Filing Certificate of Sta	tus	Certifie	.00 Filing Fee & d Copy l copy is enclosed)	□\$160.00 F Certificate o Certified Cop (additional cop	f Status & py)
							302	200

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:						
The name of the Limited Liabilit	y Company is:					
343 Parkridge LLC						
(Must cont	ain the words "Limited	Liability Compa	iny, "L.L.C.," or "LLC.")			
ARTICLE II - Address:						
The mailing address and street ac	dress of the principal	office of the Lim	ited Liability Company is:			
·	1 1		Successive Sumpany Is.			
<u>Principa</u>	al Office Address:		Mailing Address:			
4350 Pablo Professio			4350 Pablo Professional Court			
Jacksonville, FL 322	24	<u>_</u>	acksonville, FL 32224			
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own	n Registered Age	nt. You must designate an individual or			
The name and the Florida street a	address of the registere	d agent are:				
	Blue Ocean Law					
		Name				
	4309 Pablo Oaks Ct.	, 2nd Floor				
	Florida street address (P.O. Box NOT acceptable)					
	Jacksonville	FL	32224			
	City	State	Zip			

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)

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

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:						
MGR	Russell L. Lee and Kenneth R. Krev. Co-Trustees of the Con-						
	4350 Pablo Professional Ct., Jacksonville, FL 32224						
							
(Use attachment if necessary)							
If an effective date is listed, the date must b he date of filing.)	date of filing: 04-27-2023 (OPTIONAL) ne specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed as nent of State's records.						
ARTICLE VI: Other provisions, if any.							
REQUIRED SIGNATURE:							
This document is e:	a member or an authorized representative of a member. xecuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.						
Justin G. Cer	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)

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Atalo Solutions, Inc.

Name of Resulting Florida Profit Corporation

The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligible entity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202, F.S.

Please return all correspondence concerning this matter to:

LaTrice Ham					
Contact Person					
Firm/Company					
2208 Queen Jessica Drive					
Address					
Lutz, FL 33549					
City, State and Zip Code					

latrice@atalosolutions.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LaTrice Ham	at (813) 370-9119	
Name of Contact Person	Area Code and Daytime Telephone	Number

Enclosed is a check for the following amount:

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 87
Tallahassee, FL 32303