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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
(Only) State 2.ph Hone in
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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SEC NO. S.E.S.TATE

COVER LETTER

TO: New Fi	_	ection orporations					
SUBJECT: B	RITTNE	EY MURRAY, PSYD, LL	С				
SOBJECT.	<u> </u>	(Name of Res	ultin	g Florida Limi	ted Con	mpany)	
				_		nd fees are submitted to convert an "Cocordance with s. 605.1045, F.S.	Other
Please return a	ill corre	espondence concerning	g thi	s matter to:			
Philip S. Karle							
		(Contact Person)			-	2	
Abeles & Karle	LLC					202	4
		(Firm/Company)		-	-		-
5 W Highbanks	Rd					AF	
		(Address)			-	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$, I
DeBary, FL 32	713					TALLASASSEE, FL	
	(('ity. State and Zip Code)			-	Si Gi	,
philip@aklawfla	a.com					₩ o	•
E-mail Addre	ss: (to b	e used for future annual re	port	notifications)	-		
For further inf	ormatic	on concerning this ma	iter.	please call:			
Philip S. Karle			at	, 386	, 668-8	8511	
(Name o	of Conta	ct Person)		\-) (Day	ytime Telephone Number)	
		or the following amou a bank located in the		•	rocess	sed by this office must be payable in	US
☐ \$150.00 Filing (\$25 for Convers & \$125 for Articl of Organization)	ion	□\$155.00 Filing Fees and Certificate of Status		\$180.00 Filing d Certified Cop		■\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
P.O. B	iling So on of Co ox 632	ection orporations			New I Divisi The C	t Address: Filing Section tion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

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.

i Br	The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
	(Enter Name of Other Business Entity)
2.	The "Other Business Entity" is a Corporation
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
Fit	st organized, formed or incorporated under the laws of Florida
	(Enter state, or if a non-U.S. entity, the name of the country)
on	08/29/2022
	(date of organization, formation or incorporation)
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
BR	ITTNEY MURRAY, PSYD, LLC
	(Enter Name of Florida Limited Liability Company)
4.	If not effective on the date of filing, enter the effective date:
(TI	re 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.)
<u>701</u>	c: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the unient'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 day of
Signature of Authorized Representative of Limited Liability Company:
Signature of Authorized Representative: Title: Authorized Member Title: Authorized Member
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]
Signature: Printed Name: D. Brittney Murfal President
Signature: Printed Name Britiney Tattersall Myrray Title: Incorporator
Signature:
Printed Name: Title:
Signature: Title:
Signature:
Printed Name:Title:
Signature:
Printed Name:Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer, If Directors or Officers have not been selected, an Incorporator must sign.
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.
All others: Signature of an authorized person.

\$25.00

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

Fees:

Articles of Conversion:

Certified Copy:

Certificate of Status:

Fees for Florida Articles of Organization:

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		- COMIA		
ARTICLE 1 - Name:				
The name of the Limited L	iability Company is	s:		
BRITTNEY MURRAY, PSYD	, LLC			
(Must contain t	he words "Limited Liabil	hty Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address:				
The mailing address and str	eet address of the p	principal office of the Limited Liability Compan		
Principal Office Address:				
emelpar Office Address.		Mailing Address:		
3821 WOODBRIAR TRL UNI	<u>r 5</u>	3821 WOODBRIAR TRL UNIT 5		
PORT ORANGE, FL 32129		PORT ORANGE FL 32129		
ARTICLE III - Registered (The Limited Liability Company can business entity with an active Florid	not serve as its own Regi-	ed Office, & Registered Agent's Signature: stered Agent. You must designate an individual or another		
The name and the Florida st	reet address of the	registered agent are:		
Brittney	Murray			
	Nam	ne		
2907 N A	ASCIANO CT			
Florida	street address (P.C	D. Box NOT acceptable)		
NEW SM	YRNA BEACH	FL ³²¹⁶⁸		
	City	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..

(CONTINUED)

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SE:
TALLAHAS SEE STATE

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
AMBR	Britiney Murray	
	2907 N ASCIANO CT	
	NEW SMYRNA BEACH, FL 32168	
		
Use attachment if necessary)		HASSE
E V: Other provisions, if any.		E, FL
REQUIRED SIGNATURE:	Λ	
- Buthrush	Lural	 -
This document is executed in accordance w	n authorized representative of a member ith section 605.0202 (1) (b). Florida Statutes, I am avent to the Department of State constitutes a third degree	vare that ce felony
Brittney Murray	alloger A Almoson is	