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	(Requestor's Name)	
	(Address)	
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	(City (Charles Gire FOL	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
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Special Instructions to	Filing Officer:	
	Office Use Only	



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ACCESS,

CORPORATE When you need ACCESS to the world

INC.

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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	PI	CK UP: Cat 7/21	
火) 火) x x		CONVERSION	
1.	ERP ACCESSORIES, (CORPORATE NAME AND DO		
2.	(CORPORATE NAME AND DO	CUMENT #)	
3.	(CORPORATE NAME AND DO	CUMENT #)	
4.	(CORPORATE NAME AND DO	CUMENT #)	
5.	(CORPORATE NAME AND DO	CUMENT #)	
6.	(CORPORATE NAME AND DO	CUMENT #)	
SPECIA INSTRU	L CTIONS:		

COVER LETTER

TO:	New Filing Se Division of Co					
CHD	JECT: ERP Acc	essories, LLC				
SUB	JEC1	(Name of Resi	ılting Florida	Limited Com	pany)	
The e	enclosed Articles ness Entity" into	of Conversion, Articl a "Florida Limited Lia	es of Organ ability Com	ization, and pany" in ac	d fees are submitted to convert an "Oth ecordance with s. 605.1045, F.S.	er
Pleas	se return all corre	espondence concerning	this matter	to:		
Rich	ard Bendickson				(2)	
		(Contact Person)			6.5 6.5 7023 JUL 21	3 3 3
		(Firm/Company)			∨ }∴	
8427	7 Palacio Terrace :	s				
		(Address)			P:: 12: 00	
Nap	les, FL 34114				00	•
	((City, State and Zip Code)			· · · · · · · · · · · · · · · · · · ·	
	ndickson@gmail.co					
E	E-mail Address: (to b	e used for future annual re	port notification	ons)		
For	further informati	on concerning this ma	tter, please	call:		
Rich	nard Bendickson		at (612	619-	8753 ytime Telephone Number)	
	(Name of Conta					
Enc doll	losed is a check t ars and drawn on	for the following amou a bank located in the	int: (All che United Stat	cks proces: es)	sed by this office must be payable in $oxtlush$	S
(\$25 & \$1	5150.00 Filing Fees for Conversion 125 for Articles organization)	■\$155.00 Filing Fees and Certificate of Status	□\$180.00 and Certific	Filing Fees ed Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
	Mailing Add New Filing S Division of C P.O. Box 633 Tallahassee,	Section Corporations 27		New Divis The C	et Address: Filing Section sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 shassee, 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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: ERP Accessories, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
on May 21, 2007 (date of organization, formation or incorporation) 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
ERP Accessories, 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 14th day of July	20 <u>23</u>			
Signature of Authorized Representative of Limite	ed Liability Company:			
Signature of Authorized Representative:	Ke			
Signature(s) on behalf of Other Business Entity: [S	ee below for required signature(s)			
Signature: Printed Name: Richard Bendickson	Title: Member			
Signature:Printed Name:	Title:			
Signature:Printed Name:	Title:			
Signature:Printed Name:	_ Title:	-		
Signature:Printed Name:	Title:			
Signature:Printed Name:	Title:		202	
Printed Name:	1100	-	إزال 3	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	Officer. orporator must sign.	· :	2023 JUL 21 F	1
If Florida General Partnership or Limited Liabilit Signature of one General Partner.			PH 12: 00	, 22 1024
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y <u>Limited Partnership:</u>			
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 - Nam The name of the Lir	e: nited Liability Com	pany is:				
ERP Accessories, LL	C	ted Liability	Company, "L.L.C.," or "LI	.C.")	_	
		•	,			
ARTICLE II - Add	dress: and street address:	of the prim	ncipal office of the L	imited Liability	Compar	ıy is:
Principal Office A			Mailing Address:			
8427 Palacio Terrace	e S.		8427 Palacio Terrace	e S	_	
Naples, Florida 3411		_ _	Naples, Florida 3411	4	_	
(The Limited Liability Co business entity with an a	mpany cannot serve as its ctive Florida registration.)	own Kegiste	Office, & Registere red Agent. You must design gistered agent are:	inace an incovious of a		
The name and the r	lorida street addres	s or the re	gistered agent are	``````````````````````````````````````	2023 JUL	
	Richard Bendickson			 .	ين ري	- -
		Name			2	• •
	8427 Palacio Terrac		n NOW		- 131	
	Florida street addı	ress (P.O.	Box NOT acceptab	ie) ・ たっ	:::: =-	ų <u>į</u>
	Naples		FL 34114	,	PH 12: 00	٠٠٠
	City	,,	Zip	173	0	
			_	6 .1 1		Hansien

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)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member		
"MGR" = Manager	Richard Bendickson	
AMBR	8427 Palacio Terrace S.	
	Naples, Florida 34114	
		<u>~</u>
	-	g_{jj}
(Use attachment if necessary)	•	تيح
(Use attachment if necessary)	-	2
TICLE V: Other provisions, if any.		D:
	(· ·	5

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.

Richard Bendickson

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 5.00 Certificate of Status (Optional) \$ 30.00 Certified Copy (Optional)