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



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COVER LETTER

TO:	New Filing S Division of C				
CUDI	ECT: StaffEZ	•			
SUBJ	ECT:	(Name of Res	sulting Florida Lir	nited Cor	npany)
			_		d fees are submitted to convert an "Othe coordance with s. 605.1045, F.S.
Please	e return all corr	espondence concernin	g this matter to	1.	
H. Eva	an Bledsoe				
		(Contact Person)			
StaffE.	Z of Florida				
		(Firm/Company)			
330 M	allory Station Ro	I, STE F-19		_	
		(Address)			
Frankl	lin, TN 37067				
	()	City, State and Zip Code)		_	
hebled	dsoe@staffez.org	9			
E-n	nail Address: (to b	e used for future annual re	port notifications)	1	
For fu	irther informati	on concerning this ma	tter, please call	:	
H. Eva	an Bledsoe		_at (<u>629</u>	,215-	8973
	(Name of Conta	ict Person)	(Area Cod	le) (Day	time Telephone Number)
		or the following amou a bank located in the		proces:	sed by this office must be payable in US
(\$25 fo & \$125	0.00 Filing Fees or Conversion of for Articles anization)	☐S155.00 Filing Fees and Certificate of Status	■\$180.00 Filing and Certified C	~	☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee.	ection forporations 7		New Divis The C	t Address: Filing Section ion 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 <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.

STAFFEZ OF FLORIDA, INC (Enter Name of Other Business Entity)	·
2. The "Other Business Entity" is a corporation (Enter entity type. Example: corporation, limited partnership, general partnership, general partnership, corporation, limited partnership, general	common law or husiness trust, etc.)
First organized, formed or incorporated under the laws of	
June 12, 2019	ity, the name of the country)
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached	d Articles of Organization:
STAFFEZ OF FLORIDA 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 that 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, the document's effective date on the Department of State's records.	han 90 calendar days after
5. The plan of conversion has been approved in accordance with all applicable stat	utes.
 The "Converted or Other Business Entity" has agreed to pay any members having a which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. 	appraisal rights the amount to S2823 JUL 17 PH

Signed this 12th day of July	2023			
Signature of Authorized Representative of Limi	ited Liability Company:			
Signature of Authorized Representative: Printed Name: H. Evan Bledsoe	Title: President			
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]			
Signature: ZL & BUL				
Printed Name: H. Evan Bledsoe	Title: President			
Signature:				
Signature: Printed Name:	Title:			
Signature:				
Signature:Printed Name:	Title:			
Signature:				
Printed Name:	Title:			
Signature:				
Signature:Printed Name:	Title:			
Signature:				
Signature: Printed Name:	Title:			
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.				
If Florida General Partnership or Limited Liabili	ty Partnership:			
Signature of one General Partner.				
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of <u>ALL</u> General Partners.				
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)			

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
STAFFEZ OF FLORIDA LLC.				
(Must contain the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address Principal Office Address:	s of the principal office of the Limited Liability Company is Mailing Address:			
109 E Crystal Lake Ave	330 Mallory Station Road			
STE 107	STE F-19			

The name and the Florida street address of the registered agent are:

business entity with an active Florida registration.)

H. Evan Beldsoe		
Name		
109 E Crystal Lake Ave. STE 107		
Florida street address (P.O. Box <u>NOT</u> acceptable)		
Lake Mary	FL ³²⁷⁴⁶	
City	Zip	

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another

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>	Name and Address:			
"AMBR" = Authorized Member				
"MGR" = Manager	H. F			
MGR	H. Evan Bledsoe			
	330 Mallory Station Rd, STE F-19			
	Franklin, TN 37067			
(11)				
(Use attachment if necessary)				
	20			
ADTICLE V. Other provisions if any	2023 J			
ARTICLE V: Other provisions, if any.				
	<u> </u>			
				
REQUIRED SIGNATURE:				
RECOURED SIGNATURE:	7: 45			
ZI. C.M	- - 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.

١	-1	Evan	Rledene	President
ľ	П.	Evan	Dieusoe.	riesidelli

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)