L23000373118

(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:

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COVER LETTER

	New Filing S Division of C					
	ECT: Gray Sol	•				
SUBJE	C1:		sulting Florida Lim	ted Cor	npany)	_
					nd fees are submitted to ecordance with s. 605.1	
Please	return all corr	espondence concernin	g this matter to:			
Gregory	/ Gray					
		(Contact Person)		_		
Gray \$0	olutions, LLC					
		(Firm/Company)	·	-		
97042 V	Woodstork Ln					
		(Address)		-		
Eamone	dina Beach, FL					
———				_		
		City, State and Zip Code)				
	regorygray.coi			_		
t-ma	iil Address: (to b	e used for future annual re	port notifications)			
For furt	ther informati	on concerning this ma	tter, please call:			
Gregory	/ Gray		at (⁶¹⁵	828-	4828	
	(Name of Conta	act Person)	_ \) (Day	ytime Telephone Number)	_
		for the following amou a bank located in the		oroces	sed by this office must t	e payable in US
(\$25 for	.00 Filing Fees Conversion for Articles sization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Co	•	☑\$185.00 Filing Fees, Certified Copy, and Certificate of Status	previously paid
	Mailing Add New Filing S Division of C	ection Corporations		New Divis	t Address: Filing Section ion of Corporations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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.

Gray Solutions, LLC (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
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)
August 1, 2017 on
(date of organization, formation or incorporation)
 The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Gray Solutions, LLC
·
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
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.)
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

- 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 6th	day of <u>June</u>	
	orized Representative of Lim	
Signature of Autho	rized Representative:	210
Printed Name: Great	orv Grav	Title: President
r rimed rvanic. o.ogv	.,	Title.
Signature(s) on bel	nalf of Other Business Entity:	[See below for required signature(s)]
Signature:	2/01/2/	
Printed Name: Grego	MyKUY Dry Gray	Title: President
<u></u>		
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Signature:		Title:
Printed Name:		Title:
Ciamatura.		
Drintad Momo:		Title:
rimed Name		True.
Signature:		
Printed Name:		Title:
If Florida Corpora	tion:	
Signature of Chairm	an, Vice Chairman, Director, or	Officer.
If Directors or Offic	ers have not been selected, an Ir	corporator must sign.
If Floride Consul	Dankarakia an Finikad Fiaki	See Donator and See
Signature of one Ge	Partnership or Limited Liabil	ny Partnersmp:
Signature of one of	nerar raither.	
If Florida Limited	Partnership or Limited Liabil	ity Limited Partnership:
Signatures of ALL		
·		
All others:		
Signature of an auth	orized person.	
Fees:		
<u>1 CC3.</u>		
Articles of (Conversion:	\$25.00
	orida Articles of Organization:	\$125.00
Certified Co		\$30.00 (Optional)
Certificate of		\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limit	ted Liability Company	is:	
Gray Solutions, LLC			
(Must co	ontain the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Addre	ess:		
The mailing address a	nd street address of the	e principal office of the Limited Liability Co	mpany is:
Principal Office Add	ress:	Mailing Address:	
97042 Woodstork Ln		97042 Woodstork Ln	
Fernandina Beach, FL 3	32034	Fernandina Beach, FL 32034	
•	e Florida registration.)	egistered Agent. You must designate an individual or anoth	ier
	re Florida registration.) rida street address of the egory Gray	ne registered agent are:	er
The name and the Flor	re Florida registration.) rida street address of the egory Gray	ne registered agent are:	er
The name and the Floring Gr	rida street address of the regory Gray Na 1042 Woodstork Ln	ne registered agent are:	ier
The name and the Floring Gr	rida street address of the regory Gray Na 1042 Woodstork Ln	ne registered agent are:	ier
The name and the Floring Gr	rida street address of the regory Gray Na O42 Woodstork Ln	e registered agent are: ame P.O. Box NOT acceptable)	er

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Gregory Gray
	97042 Woodstork Ln
	Fernandina Beach, FL 32034
AMBR	Kimberly Gray
	97042 Woodstork Ln
	Fernandina Beach, FL 32034
	
···	
(Use attachment if necessary)	
LE V: Other provisions, if any.	
· ·	
REQUIRED SIGNATURE:	
11/10	
This document is executed in accordance	an authorized representative of a member with section 605,0203 (1) (b), Florida Statutes. I am aware ment to the Department of State constitutes a third degree fe
Gregory Gray	
	ned 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)