# 23000429763

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

Office Use Only



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#### **COVER LETTER**

TO:	Registration S Division of C				
SHR	JECT: MPS Sol	utions 1, LLC			
БОВ		(Name of Res	sulting Florida Limited	d Con	npany)
			<del>-</del>		d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Pleas	e return all corr	espondence concernin	g this matter to:		
Pierre	: Suranto				
<del></del>	· · · · · · · · · · · · · · · · · · ·	(Contact Person)	· -		
MPS	Solutions 1, LLC				
		(Firm/Company)			
8608	11th Ave NW				
		(Address)			
Brade	enton, FL 34209				
	(1	City, State and Zip Code)			
pierre	@mpssolutionsllc.	com			
E-	mail Address: (to b	e used for future annual re	port notifications)		
For fi	urther informati	on concerning this ma	tter, please call:		
Pierre	Suranto		_at ()	685.1	889
	(Name of Conta	act Person)	(Area Code)	(Day	time Telephone Number)
		for the following amou a bank located in the		ocess	sed by this office must be payable in US
(\$25 fd & \$12	50.00 Filing Fees or Conversion 5 for Articles anization)	☐\$155.00 Filing Fees and Certificate of Status	☐\$180,00 Filing F and Certified Copy	ees	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STRI	EET ADDRES	S:	MAILIN	NG A	ADDRESS:
Regis	stration Section		Registrat		
	ion of Corporat	ions			orporations
	on Building		P. O. Bo		
200 I	<b>Executive Cent</b>	er Circie	Tallahas:	see.	FL 32314

INHS11 (08/16)

Tallahassee, FL 32301

#### **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.

	(Enter Name of Other Business Entity)
2. The "Other Business Entity	Z Limited Liability Company
	(Enter entity type: Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or inc	orporated under the laws of Colorado (Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation	or incorporation)
MPS Solutions 1 LLC (Enter	Name of Florida Limited Liability Company)
4. If not effective on the date	of filing enter the effective date:
(The effective date: 1) cannot date this document is filed by date listed in the attached A	of filing, enter the effective date:  to be prior to date of receipt or filed date nor more than 90 days after the y the Florida Department of State; AND 2) must be the same as the effective rticles of Organization, if an effective date is listed therein.)  ck does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
(The effective date: 1) cannot date this document is filed by date listed in the attached At Note: If the date inserted in this blo document's effective date on the De	by the prior to date of receipt or filed date nor more than 90 days after the y the Florida Department of State; <u>AND</u> 2) must be the same as the effective rticles of Organization, if an effective date is listed therein.) ek does not meet the applicable statutory filing requirements, this date will not be listed as the

Signed this 23 day of August	20_23
Signature of Authorized Representative of Limi	ited Liability Company:
<b>,</b> ,	
Signature of Authorized Representative:	
Printed Name: Pierre Suranto	Title: AMBR
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
i n	
Signature:	*
Signature: Printed Name: Melanie Suranto	Title: AMBR
Signature:	
Printed Name:	Title:
Signature: Printed Name:	
Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation:	/> OIT
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an In-	corporator must sign.
TERRETARY TO THE ACTUAL TO THE	
If Florida General Partnership or Limited Liabili	ty Partnersnip:
Signature of one General Partner.	
If Florida Limited Doutneashin and Limited Linkilli	to I imited Duntamentia.
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	iy famited rarinership:
Signatures of ALL General Partners.	
All others	
All others: Signature of an authorized person.	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00 \$30.00 (Optional)
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compa	ıny is:		
MPS Solutions 1, LLC			
(Must end with the words "Limite	d Liability Company, "L.	L.C.," or "LLC.	")
ARTICLE II - Address:			
The mailing address and street address of	the principal office	of the Limi	ited Liability Company is:
Principal Office Address:	Mailing A	ddress:	
8608 11th Ave NW	8608 11th A	ve NW	
Bradenton, FL 34209	Bradenton, I	L 34209	
ARTICLE III - Registered Agent, Regi (The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.)  The name and the Florida street address o	n Registered Agent. You	must designate	
Pierre Suranto	Name		
	Name		
8608 11th Ave NW Florida street address	s (P.O. Box <u>NOT</u> a	icceptable)	
Bradenton	FL 3420	,	
City		Zip	
Having been named as registered agent liability company at the place designer registered agent and agree to act in this statutes relating to the proper and comaccept the obligations of my position Registered Agent	ated in this certifica capacity. I further plete performance (	ite, I hereby of agree to con of my duties, t as provided	accept the appointment as apply with the provisions of all and I am familiar with and
·	NTINUED)		203/25
r	age 1 of 2		- -

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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		
	AMBR	Melanie Suranto	
		8608 11th Ave NW	
		Bradenton, FL 34209	
	AMBR	Pierre Suranto	
		8608 11th Ave NW	
		Bradenton, FL 34209	<del></del>
			<del></del>
			<del></del>
	(Heaptrachment if passessess)		
	(Use attachment if necessary)		
RT	ICLE V: Effective date, if other than the	date of filing:	(OPTIONAL)
	effective date is listed, the date must		
	90 days after the date of filing.)	•	• •
	If the date inserted in this block does not meet t		this date will not be listed as the
ocum	ient's effective date on the Department of State'	s records.	
. DT	ICLE VI: Other provisions, if any.		
11/1	TCEE VI. Other provisions, if any.		
		······································	
	REQUIRED SIGNATURE:		
	$=$ $\bigcirc$ ) $\rightarrow$	7	
		<u> </u>	
	Signature of a member	r ar an authorizad ranzacantativa (	afa mambar

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.

Pierre Suranto

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)

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