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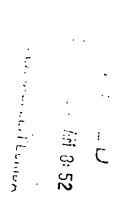
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: McPhillips Law PLLC		
Sobsect.	of Resulting Florida Limite	ed Company)
The enclosed Articles of Conversion. A Business Entity" into a "Florida Limite		on, and fees are submitted to convert an "Other" in accordance with s. 605.1045, F.S.
Please return all correspondence conce	rning this matter to:	
Candice McPhillips		
(Contact Person)		
McPhillips Law PLLC		
(Firm/Company)		
3108 North Boundary Blvd. #178		
(Address)		
Tampa, FL 33621		
(City, State and Zip Co	ode)	
candice@mcphillipslawpllc.com		
E-mail Address: (to be used for future annu	al report notifications)	
For further information concerning this	s matter, please call:	
Candice McPhillips	at (<u></u> 813	797-3728
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
dollars and drawn on a bank located in \$\Boxed{1} \$150.00 \text{ Filing Fees} \Boxed{1} \$\$155.00 \text{ Filing Fe}\$	the United States) ees	
(\$25 for Conversion and Certificate of & \$125 for Articles of Organization)	and Certified Copy	y Certified Copy, and Certificate of Status
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: McPhillips Law PLLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Professional Limited Liability Company (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of Virginia (Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
September 5, 2018
on date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
McPhillips Law PLLC
(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 19th	_day of <u>October</u>	20_23
Signatu	ire of Author	ized Representative of L	imited Liability Company:
Signatu Printed	re of Authoriz Name: <u>Candice</u>	ed Representative: McPhillips	Avalu Metallys Title: Managing Member
<u>Signatu</u>	re(s) on behal	f of Other Business Entit	y: [See below for required signature(s)]
Signatur	re:		Title:
Signatur Printed	re: Name:		Title:
Signatur Printed	re: Name:		Title:
Signatur Printed	re: Name:		Title:
Signatur	re:		Title:
Printed :	Name:		Title:
Signatur		n: , Vice Chairman, Director have not been selected, a	
	<mark>da General Pa</mark> re of one Gener	<u>rtnership or Limited Lia</u> al Partner.	bility Partnership:
	da Limited Pa res of <u>ALL</u> Ge		bility Limited Partnership:
All othe Signatur	e <u>rs:</u> re of an authori	zed person.	
Fees:			
	Articles of Col Fees for Florid Certified Copy Certificate of S	la Articles of Organization:	\$25.00 n: \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

McPhillips Law PLLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

<u>Princip</u>	al Office Address:	Mailing Address:		
3108 North Boundary Blvd.		3108 North Boundary Blvd.		
#178		#178		
Tampa	FL 33621	Tampa	FL 33621	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Registered Agents Inc		
	Name	-
7901 4th S	St N	STE 300
Florida street address (P.O. Box NOT acceptable)		
St. Petersburg	FL	33702
City	State	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..

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	
AMBR, MGR	Candice McPhillips
	8212 Constellation Blvd.
	Tampa, FL 33621
	<u> </u>
	
(Use attachment if necessary)	
(ose analy)	
ARTICLE V: Other provisions, if any.	
ARTICLE: V. Other provisions. If any.	
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	-
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DECLIDED CLCNATURE.	
REQUIRED SIGNATURE:	.1
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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.

Candice McPhillips

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)