# L23000522261

(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

TO:	New Filing Se Division of C						
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SUB.	JECT:	iness Solutions, LLC (Name of Re	sulting Florida Li	mited Cor	npany)	_	
					nd fees are submitted to secordance with s. 605.1		
Please	e return all corre	espondence concernin	g this matter to	<b>)</b> :			
Richa	rd W. Andrews						
		(Contact Person)	-				
Tuggl	e Duggins P.A.						
-		(Firm/Company)		<del></del>			
P.O. I	3ox 2888						
<del></del>	<del></del>	(Address)		_			
Greer	nsboro, NC 27402	•				ž.	2028 Gui 27
	((	City, State and Zip Code)				•	<u>.</u>
randre	ews@tuggledugg	ins.com					$\sim$
E-r	nail Address: (to b	e used for future annual re	port notifications	)		,	
For ft	irther information	on concerning this ma	tter, please cal	1:			: · ;;
Richa	rd W. Andrews		_at ( <u>336</u>	<sub>)</sub> 271-	5219		ယ
	(Name of Conta	et Person)	(Area Co	de) (Daj	vtime Telephone Number)	_	
		or the following amou a bank located in the		s proces	sed by this office must	be payabl	e in US
(\$25 fc & \$125	60.00 Filing Fees or Conversion 5 for Articles anization)	□\$155.00 Filing Fees and Certificate of Status	□\$180,00 Fili and Certified C		☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status		
	Mailing Addi New Filing So Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7		New Divis The C 2415	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite hassee, FL 32303	e 81	

## **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.

<ol> <li>The name of the "Other Business Entity" immediately prior to the filing of the Articles of LLG Solutions, LLC</li> </ol>	Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a limited liability company	
(Enter entity type. Example: corporation, limited partnership, general partnership, common law	or business trust, etc.)
First organized, formed or incorporated under the laws of	
(Enter state, or if a non-U.S. entity, the name	of the country)
January 18, 2022	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of LLG Business Solutions, LLC	2.623
(Enter Name of Florida Limited Liability Company)	. 5
4. If not effective on the date of filing, enter the effective date:	27
The effective date: Cannot be prior to date of receipt or filed date nor more than 90 cal 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 tocument's effective date on the Department of State's records.	<b>`</b> ;
5. The plan of conversion has been approved in accordance with all applicable statutes	

- 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.

2023 CC1 27 /// 7:

Articles of Conversion: \$25.00 Fees for Florida Articles of Organization: \$125.00

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 Company is:			
LLG Business Solutions, LLC			
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")		•
ARTICLE II - Address:			
The mailing address and street address of the pri	incipal office of the Limited I	Liability C	lompany is:
Principal Office Address:	Mailing Address:		
7792 Navarre Sea Hawks Ln	7792 Navarre Sea Hawks Ln		
Navarre, FL 32566	Navarre, FL 32566		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registerbusiness entity with an active Florida registration.)			
The name and the Florida street address of the registered agent are:			20 <b>23</b> CC l
Northwest Registered Agent, LLC			$\Xi$
Name		1 27	
7901 4th St N, Suite 300			- -
Florida street address (P.O.	Box NOT acceptable)	•	
St. Petersburg	FL 33702	₹ :	7: 35
City	Zip		C)

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)

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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	Samuel Lower
	7792 Navarre Sea Hawks Ln
	Navarre, FL 32566
MGR	Sarah Lower
	7792 Navarre Sea Hawks Ln
	Navarre, FL 32566
	<del></del>
(Use attachment if necessary)	<del>_</del> ,
(Use attachment if necessary)	
	_,
(Use attachment if necessary)  LE V: Other provisions, if any.	
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LE V: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or	an authorized representative of a member_with section 605 0203 (1) (b). Florida Statutes, Lamañore
LE V: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes, I am aware
LE V: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or 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
LE V: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a document of the contract of the co	with section 605.0203 (1) (b), Florida Statutes, I am aware
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S.  Samuel Lower	with section 605.0203 (1) (b), Florida Statutes, I am aware