## L23000537951

| (₭€                     | equestor's Name)       |             |
|-------------------------|------------------------|-------------|
|                         |                        |             |
| (Ad                     | ldress)                |             |
|                         |                        |             |
| (Ad                     | Idress)                | <del></del> |
|                         |                        |             |
| /Cit                    | ty/State/Zip/Phone #   | A           |
| (01)                    | tyrotater Elpri Hone # | 7)          |
| PICK-UP                 | WAIT                   | MAIL MAIL   |
|                         |                        |             |
|                         |                        |             |
| (Bu                     | siness Entity Name     | )           |
|                         |                        |             |
| (Do                     | ocument Number)        | <del></del> |
|                         |                        |             |
| Certified Copies        | Contificator           | of Status   |
| Certified Copies        | _ Certificates o       | ii Status   |
|                         |                        |             |
| Special Instructions to | Filing Officer:        |             |
|                         |                        |             |
|                         |                        |             |
|                         |                        |             |
|                         |                        |             |
|                         |                        |             |
|                         |                        |             |
|                         |                        | 1112112     |
|                         |                        | 7113719.2 T |

Office Use Only



100415883841

09/20/23--01009--006 ++125.00

11/27/23--01015--001 \*\*25.00

2023 NOV 21 PH 2: 34
SECTETARY OF STATE



September 26, 2023

SCOTT HENDRICKSON 1404 E SHROES BLVD GULF BREEZE, FL 32563 US

SUBJECT: ADECTO TALEN INTEGRATION, LLC

Ref. Number: W23000130999

We have received your document for and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only non-United States entities may become a domestic limited liability company as stated in section 605.1052, Florida Statutes. You may want to explore one of the conversion options. Please return to our website sunbiz.org to download the appropriate form.

There is a fee of \$25.00 due.

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham Regulatory Specialist III Director's Office

Letter Number: 623A00022192

## **COVER LETTER**

**TO:** New Filing Section

| Division of Corporations  |                          |  |
|---|--------------------------|--|
| SUBJECT: ADECTO Talent Integration.   | LLC                      |  |
| (Name o   | f Resulting Florida Lin  | nited Company)   |
|   | •                        | ation, and fees are submitted to convert an "Other<br>ny" in accordance with s. 605.1045, F.S. |
| Please return all correspondence conce  | rning this matter to     | :  |
| Scott Hendrickson   |                          |  |
| (Contact Person)  |                          | <del></del>  |
| ADECTO Talent Integration, LLC  |                          |  |
| (Firm/Company)  |                          | <del></del>  |
| 1404 E Shores Blvd  |                          |  |
| (Address)   |                          | <del>_</del>   |
| Gulf Breeze. FL 32563   |                          |  |
| (City, State and Zip Co   | de)                      | <del>_</del>   |
| scott.hendrickson@aa.com  |                          |  |
| E-mail Address: (to be used for future annu   | al report notifications) | )  |
| For further information concerning this   | matter, please cali      | l:   |
| Scott Hendrickson   | at ( <u></u>             | 940-698:   |
| (Name of Contact Person)  |                          | le) (Daytime Telephone Number)   |
| Enclosed is a check for the following a dollars and drawn on a bank located in  |                          | s processed by this office must be payable in US   |
| ■ \$150.00 Filing Fees<br>(\$25 for Conversion<br>& \$125 for Articles<br>of Organization) □ \$155.00 Filing Fe<br>and Certificate of<br>Status | and Certified C          | Copy Certified Copy, and Certificate of Status   |
| fsending remaining bo   | Nance 25.1               | <b>0</b> 0   |
| vianing Address:  |                          | Street Address:  |
| New Filing Section Division of Corporations   |                          | New Filing Section Division of Corporations  |
| P.O. Box 6327   |                          | The Centre of Tallahassee  |
| Tallahassee, FL 32314   |                          | 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 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.

| 1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: ADECTO Talent Integration, LLC  |
|--|
| (Enter Name of Other Business Entity)  |
| 2. The "Other Business Entity" is a [LC] (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)  |
| 11/14/2011 on  |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: ADECTO Talent Integration. 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 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.

| Signed this 18th day of October   | _20 <u>_</u> 23  |                      |
|---|--|----------------------|
| Signature of Authorized Representative of Limit   |  |                      |
| Signature of Authorized Representative:  Printed Name: Scott Hendrickson  | Title: Managing Member   | _                    |
| Signature(s) on behalf-of Other Business Entity: [S   | See below for required signature(s)]                           |                      |
| Signature: Printed Name: Scott Hendrickson  | Title: Managing Member   |                      |
| Signature:Printed Name:   | _ Title:   |                      |
| Signature: Printed Name:  |  |                      |
| Signature:Printed Name:   | _ Title:   | <u></u>              |
| Signature:Printed Name:   |  |                      |
| Signature:Printed Name:   | _ Title:   |                      |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc. |  |                      |
| 1f Florida General Partnership or Limited Liabilit<br>Signature of one General Partner.                             | y Partnership:   | 2023;<br>SECR<br>TAL |
| If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.                      |  | ZOZSMOY 21           |
| All others: Signature of an authorized person.  | ,  | PH 2:34              |
| Fees:   |  | ř. <b>3</b> 4        |
| Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:           | \$25.00<br>\$125.00<br>\$30.00 (Optional)<br>\$5.00 (Optional) |                      |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ADECTO Talent Inte                    | egration, LLC   |  |              |  |
|---------------------------------------|---|--|--------------|--|
| (Mu                                   | st contain the words "Limited   | d Liability Company, "L.L.C.," or "LLC.")  |              |  |
| ARTICLE II - Ad<br>The mailing addres |   | f the principal office of the Limited Liabilit   | y Company is |  |
| Principal Office A                    | address:  | Mailing Address:   |              |  |
| 1404 E Shores Blvd.                   |   | 1404 E Shores Blvd   |              |  |
| Gulf Breeze, FL 325                   | 63  | Gulf Breeze. FL 32563  | <del></del>  |  |
| business entity with an a             | active Florida registration.)   | vistered Office, & Registered Agent's Signate an individual of the registered agent are: |              |  |
| business entity with an a             | active Florida registration.)   | of the registered agent are:   |              |  |
| business entity with an a             | active Florida registration.)<br>Florida street address                                       | wn Registered Agent. You must designate an individual of                                 |              |  |
| business entity with an a             | ective Florida registration.) Florida street address of Scott Hendrickson  1404 E Shores Blvd | of the registered agent are:  Name  Name   |              |  |
| business entity with an a             | ective Florida registration.) Florida street address of Scott Hendrickson  1404 E Shores Blvd | of the registered agent are:   |              |  |
| business entity with an a             | ective Florida registration.) Florida street address of Scott Hendrickson  1404 E Shores Blvd | of the registered agent are:  Name  SS (P.O. Box NOT acceptable)                         |              |  |
| business entity with an a             | Scott Hendrickson  1404 E Shores Blvd Florida street address                                  | of the registered agent are:  Name  Name   |              |  |

(CONTINUED)

|   | 47.41 | ·~·  |      | E 2 / |
|---|-------|------|------|-------|
| А | KI.   | IC.I | , H. | 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                                 | Scott Hendrickson                        |
|                                     | 1404 E Shores Blvd                       |
|                                     | Gulf Breeze, FL 32563                    |
|                                     |  |
|                                     |  |
|                                     |  |
|                                     |  |
|                                     |  |
|                                     |  |
|                                     |  |
|                                     | <u>σ</u> Ν                               |
|                                     | SECRED ALLA                              |
|                                     |  |
| 11                                  |  |
|                                     | <u></u>                                  |
|                                     |  |
| (Use attachment if pagesagra)       | मिनो च्या                                |
| (Use attachment if necessary)       |  |
|                                     | 2: 34<br>STATE<br>E. FL                  |
| MICLE W. O.L. 11 12                 | · · · · · · · ·                          |
| RTICLE V: Other provisions, if any. |  |
|                                     |  |
|                                     | ·  |
| <del></del>                         |  |
|                                     |  |
| REQUIRED SIGNATURE:                 | 7 / .                                    |
|                                     | 2/4-0 al                                 |
|                                     | 7//                                      |
|                                     |  |
| Signature of a member or            | an authorized representative of a member |

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.

Scott Hendrickson

χ

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)