1240006394

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | MAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



200421011942

01/10/24--01043--014 **150.00



COVER LETTER

| TO: New Filing Division of | Section Corporations | | | | |
|--|---|------------------------------------|--------------------|--|------------------------------|
| SUBJECT: Tru | sty Enterprises, LLC | | | | |
| 30000001 | (Name of Res | sulting Florida Limite | d Com | pany) | |
| The enclosed Artic Business Entity" in | les of Conversion, Artic ito a "Florida Limited Li | les of Organizationability Company | on, and " in ac | I fees are submitted to co cordance with s. 605.10 | onvert an "Other 45, F.S. |
| Please return all co | rrespondence concernin | g this matter to: | | | |
| Filings Team | | | | | |
| | (Contact Person) | | | | |
| Northwest Reg | istered Agent LLC | | | | |
| | (Firm/Company) | - | | | |
| 7901 4th St N | STE 300 | | | | |
| | (Address) | | | | |
| St. Petersburg | , FL 33702 | | | | |
| | (City, State and Zip Code) | | | | |
| flfilings@north | westregisteredagent.c | om | | | |
| E-mail Address: (to | be used for future annual re | port notifications) | | | |
| For further informa | ntion concerning this ma | - | | | |
| | | at (|) | time Telephone Number) | |
| (Name of Co | ntact Person) | (Area Code) | (Dayı | time Telephone Number) | |
| | k for the following amou on a bank located in the | | rocess | ed by this office must be | payable in US |
| X \$150.00 Filing Fee: (\$25 for Conversion & \$125 for Articles of Organization) | s S155.00 Filing Fees and Certificate of Status | \$180.00 Filing and Certified Copy | | ☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status | |
| Mailing Ad New Filing Division of | | | New F | Address: Filing Section on of Corporations | 2024 JAN |

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810.

P.O. Box 6327

Tallahassee, FL 32314

Articles of Conversion

For

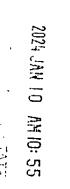
"Other Business Entity"

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: |
|---|
| Trusty Enterprises, LLC (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a |
| First organized, formed or incorporated under the laws of |
| 07/02/2007 |
| (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Trusty Enterprises, 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. |
| 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 4th | day of January | 20_24 |
|-----------------------------|----------------------------------|--|
| Signature of <u>Auth</u> | norized Representative o | of Limited Liability Company: |
| | | |
| Signature of Autho | orized Representative: | Title: Member |
| Printed Name Joshi | ia Trusty | Title: Member |
| rimed (vame, gassis | | 11110. |
| | | ntity: [See below for required signature(s)] |
| Signature: A | | Title: Member |
| Printed Name: Joshu | ua Trusty | Title: Member |
| | | |
| Signature: | | |
| Orginature Drintad Nama: | | Title: |
| ritined Name. | | IIIIc. |
| er . | | |
| Signature: | | T'.1 |
| Printed Name: | | Title: |
| | | |
| Signature: | | Title: |
| Printed Name: | | Title: |
| | | |
| Signature: | | Title: |
| Printed Name: | | Title: |
| | | |
| Signature: | | |
| Printed Name: | | Title: |
| | | |
| If Florid <u>a Corpor</u> | ation: | |
| | nan, Vice Chairman, Direc | ctor, or Officer. |
| | | d, an Incorporator must sign. |
| II Directors of Offi | eers have not been selected | a, an incorporator must sign. |
| ICElawida Cananal | l Partnership o <u>r Limited</u> | Linkility Dartnarching |
| | | Liability Farthership. |
| Signature of one G | eneral Partner. | |
| | | TARREST TO THE TARRES |
| | | Liability Limited Partnership: |
| Signatures of ALL | General Partners. | |
| | | |
| All others: | | |
| Signature of an aut | horized person. | |
| · • | 1 | |
| Fees: | | |
| 1 663. | | |
| 4 | Commission | \$25.00 |
| Articles of | Conversion: | \$ 23.00 |

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

Fees for Florida Articles of Organization:

Certified Copy:

Certificate of Status:

2024 JAN 10 AM 10: 55

| Frusty Enterprises, LLC | | |
|--|---|--|
| | iability Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: The mailing address and street address of t | he principal office of the Limite | d Liability Company is: |
| Principal Office Address: | Mailing Address: | |
| 7901 4th St N STE 300 | 7901 4th St N STE 300 | |
| St. Petersburg FL 33702 | St. Petersburg FL 33702 | |
| The name and the Florida street address of | _ | |
| Northwest Registered Agen | n LLC | |
| 1 | Name | |
| 7901 4th St N STE 300 | | |
| Florida street address | (P.O. Box NOT acceptable) | |
| St. Petersburg | FL ^{FL} | |
| City | Zip | |
| Having been named as registered agent of liability company at the place designal registered agent and agree to act in this constatutes relating to the proper and compaccept the obligations of my position of the proper and compaccept the obligations of the proper and compaccept the obligations of the proper and compact the property and compact the prop | ted in this certificate, I hereby ac capacity. I further agree to comp dete performance of my duties, a | ccept the appointment as oly with the provisions of a and I am familiar with and |
| | s Signature (REQUIRED) NTINUED) | 2024 JAN 10 |

| Title: | Name and Address: | | |
|--|--|--|--|
| "AMBR" = Authorized Member | | | |
| "MGR" = Manager | Joshua Trusty 7901 4th St N STE 300 | | |
| AMBR | | | |
| | St. Petersburg FL 33702 | | |
| | of telefolding to obtoe | | |
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| (Use attachment if necessary) | • | | |
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| CLE V. Other provisions if any | | | |
| CLE V: Other provisions, if any. | į. | | |
| | 23 | | |
| | | | |
| | | | |
| REQUIRED SIGNATURE: | | | |
| Tout 8 mi | Ahr | | |
| 1000 8100 | | | |
| | | | |
| Signature of a member of | r an authorized representative of a member se with section 605.0203 (1) (b), Florida Statutes. I am aware t | | |
| any false information submitted in a doc as provided for in s.817.155, F.S. | ument to the Department of State constitutes a third degree fel | | |
| | | | |

ARTICLE IV-

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)