# L24000084619

(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL
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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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01/23/24--01027--024 \*\*185.00

THE COURT OF THE PERSONS

200

## **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 Ar Steward Specialists LLC	·
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a	
(Enter entity type. Example: corporation, limited partnership, general partnership, con	nmon law or business trust, etc.
First organized, formed or incorporated under the laws of	the same of the seconds
09/16/2021	the name of the country)
On	
3. The name of the Florida Limited Liability Company as set forth in the attached A	Articles of Organization:
Swanson Home Solutions LLC	
(Enter Name of Florida Limited Liability Company)	<del></del>
4. If not effective on the date of filing, enter the effective date:	<del></del> ;
(The effective date: Cannot be prior to date of receipt or filed date nor more tha	n 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 document's effective date on the Department of State's records.	date will not be listed as the
5. The plan of conversion has been approved in accordance with all applicable statute	es.
6. The "Converted or Other Business Entity" has agreed to pay any members having app which such members are entitled under ss. 605.1006 and 605.1061-605.1072. F.S.	oraisal rights the amount to
	2024 Jása
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	•

Signed this <u>09</u>	day of January	20 <u>24</u> .	
Signature of Auth	orized Representative of	Limited Liability Company:	<u>:</u>
			_
Signature of Autho	rized Representative:	711.1 Owner	
Printed Name: Onris	topner west	Title: Owner	
Signature(s) on be	half of Other Business En	tity:  See below for required s	signature(s)
Sionature:			
Printed Name: Chris	topher West	Title: Incorporator	
Signature:			
Printed Name:		Title:	
Signature:		Title:	
rimed Name:		1100:	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
Signature:		Title:	
ranted Name		1100:	
<u>If Florida Corpora</u>	tion:		
	nan. Vice Chairman, Direct	or, or Officer.	
_		an Incorporator must sign.	
	Partnership or Limited L	<u> iability Partnership:</u>	
Signature of one Ge	neral Partner.		
If Florida Limited	Partnarchin ar Limitad I	iability Limited Partnership:	
Signatures of <u>ALL</u>		nability Limited 1 arthership.	
5.5a.e., 0.1 <u>11717</u>	Cremetur i Wijnern.		
All others:			
Signature of an auth	orized person.		
<u>Fees:</u>			
A material and Co	Caraca	<b>\$35.00</b>	
Articles of (	Conversion:	\$25.00	

\$125.00 \$30.00 (Optional) \$5.00 (Optional)

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(	Solutions LLC Must contain the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")
ARTICLE II - a The mailing add		e principal office of the Limited Liability Company
_		
Principal Office	2 Address:	Mailing Address:
3110 Wedgefield	Blvd.	3110 Wedgefield Blvd.
Jacksonville, FL 3	32277	Jacksonville. FL 32277
Jacksonville, FL 3  ARTICLE III -		red Office, & Registered Agent's Signature:
ARTICLE III - (The Limited Liability	Registered Agent, Registe Company cannot serve as its own R	
ARTICLE III - (The Limited Liability business entity with a	Registered Agent, Registe Company cannot serve as its own R an active Florida registration.)	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
ARTICLE III - (The Limited Liability business entity with a	Registered Agent, Registe Company cannot serve as its own R	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
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ARTICLE III - (The Limited Liability business entity with a	Registered Agent, Register Company cannot serve as its own R an active Florida registration.) The Florida street address of the Christopher West	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
ARTICLE III - (The Limited Liability business entity with a	Registered Agent, Register Company cannot serve as its own R an active Florida registration.) The Florida street address of the Christopher West	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another ne registered agent are:
ARTICLE III - (The Limited Liability business entity with a	Registered Agent, Register Company cannot serve as its own R an active Florida registration.)  The Florida street address of the Christopher West  No. 3110 Wedgefield Blvd.	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another ne registered agent are:
ARTICLE III - (The Limited Liability business entity with a	Registered Agent, Register Company cannot serve as its own R an active Florida registration.)  The Florida street address of the Christopher West  No. 3110 Wedgefield Blvd.	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another ne registered agent are:

nited 28 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)

4	DT	[[	I 17	IV.
•	КI		-	1 V -

The name and address of each person authorized to manage and control the Limited Liability Company:

statachment if necessary)  V: Other provisions, if any, cialists LLC Employer Identification Number (EDUIRED SIGNATURE:  Signature of a member or an authoris document is executed in accordance with section y false information submitted in a document to the Eprovided for in s.817.155, F.S.  hristopher West  Typed or printing and the provided or printing and the provided for in s.817.155, F.S.	stopher West Wedgefield Blvd.
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<u>Fi</u>	
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30.00 Certified Copy (Optional)	S 5.00 Certificate of Status (Opti
and the state of t	
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