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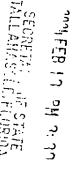
(Re	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phon	e #)
PłCK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	_ Certificate	s of Status
Special Instructions to f	Filing Officer:	
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IN K



Main Office Address: Brick Business Law, PA 3413 W Fletcher Ave

Website: BrickBusinessLaw.com

<u>Phone Numbers:</u> 813-816-1816 (o) 813-544-6277 (d) 813-544-2006 (f)

Tampa, FL 33618

Email: Danielle.Peynado @BrickBusinessLaw.com Kevin G Brick, Esq.\*
John S. Koda, Esq.
Joseph Kennett, Esq.
Jocelyn C. Smith, Esq.
Scott W. Miller, Esq.

Lori Conklin, Esq Robert L. Chapman, Esq Kevin Zwetsch, Esq. Daniel Kerwin, Esq.

\*8 C.S. Business Litigation

February 7, 2024

#### VIA PRIORITY MAIL:

9405 5036 9930 0658 5307 67

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Carlson Reliability Consulting, LLC

Application for Articles of Conversion For "Other Business Entity" Into Florida Limited Liability Company

Dear Sir/Madam:

Please find enclosed the following documents in connection with the aforementioned:

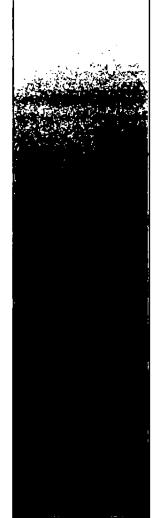
- Cover Letter;
- Completed Application for Articles of Conversion For "Other Business Entity" Into Florida Limited Liability Company;
- South Dakota Certificate of Good Standing; and
- Check #862 in the amount of \$150.00.

We would be grateful if you could process the enclosed Application. Should you have any questions or need anything else in the meanting, please contact me via email at <a href="mailto:danielle.peynado@brickbusinesslaw.com">danielle.peynado@brickbusinesslaw.com</a> or by phone at 813-544,6277.

Sincerely,

Danielle Peynado Senior Paralegal

Encls.



#### **COVER LETTER**

TO: New Filing Section Division of Corporations						
SUBJECT: Carlson Reliability Consulting. I	LLC					
(Name of Re	esulting Florida Lir	nited Cor	npany)	_		
The enclosed Articles of Conversion, Arti Business Entity" into a "Florida Limited I						her
Please return all correspondence concerni	ng this matter te	);				
DANIELLE PEYNADO						
(Contact Person)						
BRICK BUSINESS LAW, P.A.						
(Firm/Company)						
3413 W FLETCHER AVE						
(Address)		<del></del>				
TAMPA, FLORIDA 33618						
(City, State and Zip Code)	)	_				
DANIELLE PEYNADO@BRICKBUSINESSLA	AW.COM					
E-mail Address: (to be used for future annual r	report notifications	)				
For further information concerning this m	atter, please cal	l:				
DANIELLE PEYNADO	at (_813	816-	1816			
(Name of Contact Person)	(Area Coo	ie) (Da	ytime Telephone Number)	_		
Enclosed is a check for the following amodollars and drawn on a bank located in the		s proces	sed by this office must	be payab	ole in U	JS
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) □ \$155.00 Filing Fees and Certificate of Status			☐\$185,00 Filing Fees, Certified Copy, and Certificate of Status	SEC	אייו, דְּבַּם	- C
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		New Divis The 0 2415	et Address: Filing Section tion of Corporations Centre of Tallahassee N. Monroe Street, Sui hassee, FL 32303	RELATION FOR STATE OF	EB 13 PM OCT	

#### 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.

	The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: arlson Reliability Consulting, LLC
_	(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.
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
Fir	rst organized, formed or incorporated under the laws of
on	03/24/2014
	(date of organization, formation or incorporation)
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Cá	arlson Reliability Consulting, LLC
	(Enter Name of Florida Limited Liability Company)
	If not effective on the date of filing, enter the effective date:
th No	the effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after e date this document is filed by the Florida Department of State.)  te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument'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 day of _JANUARY	_ 20		
Signature of Authorized Representative of Limit			
Signature of Authorized Representative: Color Printed Name: CARL CARLSON	Title: MEMBER	_	
Signature(s) on hehalf of Other Business Entity:	See below for required signature(s)		
Signature: CARL CARLSON  Printed Name: CARL CARLSON	_Title: MEMBER	_	
Signature:Printed Name:	Title:	_ _	
Signature:Printed Name:	Title:	- -	
Signature:Printed Name:	Title:	_ _	
Signature:Printed Name:	_ Title:	<del></del>	
Signature:Printed Name:	Title:	_ _	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.			
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:		
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:		
All others: Signature of an authorized person.			
Fees:		anny EEI SECRE	<b>=</b> 71
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	RIO MO	
		部で	

ARTICLE I - N		OR FLORIDA LIMITED LIAB	ILITT COMI ANT
	Limited Liability Comp.	any is:	
Carlson Reliability	Consulting, ŁLC		
		d Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - A The mailing addr		f the principal office of the Limited	d Liability Company is:
Principal Office	Address:	Mailing Address:	
811 WATERSIDE	DR., UNIT 201	811 WATERSIDE DR., UNI	IT 201
VENICE, FL 3428		VENICE, FL 34285	
business entity with a	n active Florida registration.)	of the registered agent are:	
	BRICK BUSINESS LA	W. P.A.	
		Name	
	3413 W FLETCHER A	VE	
	Florida street addres	ss (P.O. Box <u>NOT</u> acceptable)	
	TAMPA	FL 33618	
	City	Zip	
liability com registered agen statutes relati	pany at the place design t and agree to act in this ng to the proper and con	it and to accept service of process for nated in this certificate. I hereby acc s capacity. I further agree to compl nplete performance of my duties, and n as registered agent as provided for	ept the appointment as y with the provisions of a nd I am familiar with and
	Registered Agent	Us Signature (REQUIRED)	oon) FE SECRE
	(CO	ONTINUED)	BIN THE TOTAL

4	DT	1	171	LF.	137
А	<b>PC</b> I	1	l i		I V -

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

"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	CARL S CARLSON
	811 WATERSIDE DR., UNIT 201
	VENICE, FL 34285
	<del></del>
(Use attachment if necessary)	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	arl Carlson
REQUIRED SIGNATURE:  Consideration of a member of a me	
REQUIRED SIGNATURE:  Consideration of a member of a me	or an authorized representative of a member ance with section 605.0203 (1) (b). Florida Statutes, I am aware the locument to the Department of State constitutes a third degree felor
REQUIRED SIGNATURE:  Consideration Signature of a member This document is executed in accordany false information submitted in a consideration submitted in a con	or an authorized representative of a member ance with section 605.0203 (1) (b). Florida Statutes, I am aware the locument to the Department of State constitutes a third degree felor
Signature of a member This document is executed in accordany false information submitted in a cas provided for in s.817.155, F.S.	or an authorized representative of a member ance with section 605.0203 (1) (b). Florida Statutes. I am aware the locument to the Department of State constitutes a third degree felor.  Typed or printed name of signee
Signature of a member This document is executed in accordany false information submitted in a cas provided for in s.817.155, F.S.  CARL CARLSON - MEMBER	or an authorized representative of a member ance with section 605.0203 (1) (b). Florida Statutes. I am aware the locument to the Department of State constitutes a third degree felor Typed or printed name of signee
Signature of a member This document is executed in accordany false information submitted in a cas provided for in s.817.155, F.S.  CARL CARLSON - MEMBER  \$125.00 Filing Fee for Article	or an authorized representative of a member ance with section 605.0203 (1) (b). Florida Statutes. I am aware the locument to the Department of State constitutes a third degree felor Typed or printed name of signee  Filing Fees es of Organization and Designation of Registered
Signature of a member This document is executed in accordany false information submitted in a cas provided for in s.817.155, F.S.  CARL CARLSON - MEMBER	or an authorized representative of a member ance with section 605.0203 (1) (b). Florida Statutes. I am aware the locument to the Department of State constitutes a third degree felor Typed or printed name of signee  Filing Fees es of Organization and Designation of Registered
Signature of a member This document is executed in accordany false information submitted in a cas provided for in s.817.155, F.S.  CARL CARLSON - MEMBER  \$125.00 Filing Fee for Article	or an authorized representative of a member ance with section 605.0203 (1) (b). Florida Statutes. I am aware that locument to the Department of State constitutes a third degree felor Typed or printed name of signee  Filing Fees es of Organization and Designation of Registered Status (Optional)  \$ 5.00 Certificate of Status (Optional)
Signature of a member This document is executed in accordany false information submitted in a cas provided for in s.817.155, F.S.  CARL CARLSON - MEMBER  \$125.00 Filing Fee for Article	or an authorized representative of a member ance with section 605.0203 (1) (b). Florida Statutes. I am aware that locument to the Department of State constitutes a third degree felor Typed or printed name of signee  Filing Fees es of Organization and Designation of Registered Status (Optional)  \$ 5.00 Certificate of Status (Optional)
Signature of a member This document is executed in accordany false information submitted in a cas provided for in s.817.155, F.S.  CARL CARLSON - MEMBER  \$125.00 Filing Fee for Article	or an authorized representative of a member ance with section 605.0203 (1) (b). Florida Statutes. I am aware the locument to the Department of State constitutes a third degree felo Typed or printed name of signee  Filing Fees es of Organization and Designation of Registered

## State of South Dakota

Office of the Secretary of State

### **Certificate of Good Standing**

**Domestic Limited Liability Company** 

I, Monae L. Johnson, Secretary of State of the State of South Dakota, hereby certify that

#### Carlson Reliability Consulting, LLC

Business ID: DL038037

was authorized to transact business in this state on: March 24, 2014.

I, further certify that Carlson Reliability Consulting, LLC has complied with the laws of this State relative to the formation of Certificate of Good Standing/Authorizations of its kind and is now regularly and properly organized and existing under the laws of this State and is in Good Standing, as shown by the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of its financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of South Dakota, in Pierre, the Capital City, this day, February 7, 2024.

Monae L. Joanson

02/07/2024 12:23 PM

Verification #: 017354735

Monae L. Johnson Secretary of State