

L24000140388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

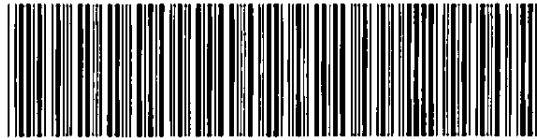
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/28/04 -01009 -010 **150.00

FILED
2004 FEB 28 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



ELLE C. MADSEN
(DIRECT DIAL) 248-642-9743
EMAIL: EMADSEN@DAWDAMANN.COM

February 20, 2024

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

Via USPS

Re: Articles of Conversion for LSP Advisory Solutions, LLC

To Whom it May Concern:

Enclosed, please find the Articles of Conversion and Articles of Organization for LSP Advisory Solutions, LLC, a Michigan limited liability company which will, after completion of this filing, be a Florida limited liability company. Additionally, please find a check for One Hundred Fifty Dollars (\$150) for the filing fees.

Should you have any questions or require any additional information, please do not hesitate to contact me.

Sincerely,

DAWDA, MANN, MULCAHY & SADLER, PLC

A handwritten signature in black ink that reads "Elle C. Madsen". The signature is written in a cursive, flowing style.

Elle C. Madsen

Enclosures: FL Foreign Entity Conversion Filings and Check

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2024 FEB 20 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: LSP Advisory Solutions, LLC
(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Neil M. Schloss

(Contact Person)

N/A

(Firm/Company)

5005 Collins Ave #911

(Address)

Miami Beach, FL 33140

(City, State and Zip Code)

neil.ccn1@gmail.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Elle C. Madsen at (248) 642-6743
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

<input checked="" type="checkbox"/> \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	<input type="checkbox"/> \$155.00 Filing Fees and Certificate of Status	<input type="checkbox"/> \$180.00 Filing Fees and Certified Copy	<input type="checkbox"/> \$185.00 Filing Fees, Certified Copy, and Certificate of Status
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Mailing Address:

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

Street Address:

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2009 FEB 27 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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:
LSP Advisory Solutions, 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.)

First organized, formed or incorporated under the laws of Michigan
(Enter state, or if a non-U.S. entity, the name of the country)

on July 11, 2018
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:
LSP Advisory Solutions, 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.

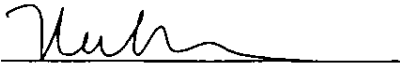
5. The plan of conversion has been approved in accordance with all applicable statutes.

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.

FILED
2019 FEB 20 11:11 AM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signed this 5th day of February 2024.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: 
Printed Name: Neil M. Schloss Title: Sole Member

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature: 
Printed Name: Neil M. Schloss Title: Sole Member

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.
If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized person.

Fees:

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

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2024 FEB 20 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LSP Advisory 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 principal office of the Limited Liability Company is:

Principal Office Address:

5005 Collins Ave #911

Miami Beach, FL 33140

Mailing Address:

5005 Collins Ave #911

Miami Beach, FL 33140

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Neil M. Schloss

Name

5005 Collins Ave #911

Florida street address (P.O. Box **NOT** acceptable)


Miami Beach

FL 33140

City

Zip

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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2020 FEB 27 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR/MGR

Name and Address:

Neil M. Schloss

5005 Collins Ave #911

Miami Beach, FL 33140

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

N/A

REQUIRED SIGNATURE:



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.

Neil M Schloss

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)

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
CORPORATIONS, SECURITIES & COMMERCIAL LICENSING BUREAU**

Date Received

AC1

(FOR BUREAU USE ONLY)

JUL 10 2018

This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.

TranInfo:1 23073639-12/09/16
CHK#: 7084 Amt: \$50.00
ID: NEIL SCHLOSS

Name
Neil M. Schloss

Address
6357 Bauervic Blvd.

City State ZIP Code
West Bloomfield, MI 48322

EFFECTIVE DATE:

FILED

JUL 11 2018

Document will be returned to the name and address you enter above.
If left blank, document will be returned to the registered office.

ARTICLES OF ORGANIZATION

For use by Domestic Limited Liability Companies

(Please read information and instructions on reverse side)

ADMINISTRATOR
CORPORATIONS DIVISION

Pursuant to the provisions of Act 23, Public Acts of 1993, the undersigned executes the following Articles:

ARTICLE I

The name of the limited liability company is: Neil M. Schloss Consulting, LLC

ARTICLE II

The purpose or purposes for which the limited liability company is formed is to engage in any activity within the purposes for which a limited liability company may be formed under the Limited Liability Company Act of Michigan.

ARTICLE III

The duration of the limited liability company if other than perpetual is: _____

ARTICLE IV

1. The name of the resident agent at the registered office is: Neil M. Schloss
2. The street address of the location of the registered office is:
6357 Bauervic Blvd, West Bloomfield 48322
(Street Address) (City) Michigan (Zip Code)
3. The mailing address of the registered office if different than above:
_____, Michigan _____
(P.O. Box or Street Address) (City) (Zip Code)

ARTICLE V (Insert any desired additional provision authorized by the Act; attach additional pages if needed.)

Signed this 3rd day of July, 2018

By Neil M. Schloss
(Signature(s) of Organizer(s))

LARA Corporations
Online Filing System
Department of Licensing and Regulatory Affairs

Form Revision Date 07/2016

CERTIFICATE OF AMENDMENT TO THE ARTICLES OF ORGANIZATION

For use by DOMESTIC LIMITED LIABILITY COMPANY

Pursuant to the provisions of Act 23, Public Acts of 1993, the undersigned executes the following Certificate of Amendment:

The identification number assigned by the Bureau is:

802214891

The name of the limited liability company is:

NEIL M. SCHLOSS CONSULTING,
LLC

The date of filing the original Articles of Organization was:

7/11/2018

Complete only those articles being amended.

Article I

The name of the limited liability company as amended, is:

LSP SOLUTIONS, LLC

The amendment was approved by a majority in interest if an operating agreement authorizes amendment of Articles of Organization by majority vote.

This document must be signed by a member, manager, or an authorized agent:

Signed this 20th Day of November, 2018 by:

Signature	Title	Title if "Other" was selected
Neil M. Schloss	Authorized Agent	

By selecting ACCEPT, I hereby acknowledge that this electronic document is being signed in accordance with the Act. I further certify that to the best of my knowledge the information provided is true, accurate, and in compliance with the Act.

☐ Decline ☒ Accept

FILED
2018 FEB 27 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

FILING ENDORSEMENT

This is to Certify that the CERTIFICATE OF AMENDMENT TO THE ARTICLES OF ORGANIZATION

for

LSP SOLUTIONS, LLC

ID Number: 802214891

received by electronic transmission on November 20, 2018 ***, is hereby endorsed.***

Filed on November 21, 2018, ***by the Administrator.***

The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.

FILED
FEB 27 9 11 AM '19
SECRETARY OF STATE
ALBANY, FLORIDA



In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 21st day of November, 2018.

Julia Dale

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau

LARA Corporations
Online Filing System
Department of Licensing and Regulatory Affairs

Form Revision Date 07/2016

CERTIFICATE OF AMENDMENT TO THE ARTICLES OF ORGANIZATION

For use by DOMESTIC LIMITED LIABILITY COMPANY

Pursuant to the provisions of Act 23, Public Acts of 1993, the undersigned executes the following Certificate of Amendment:

The identification number assigned by the Bureau is:

802214891

The name of the limited liability company is:

LSP SOLUTIONS, LLC

The date of filing the original Articles of Organization was:

7/11/2018

Complete only those articles being amended.

Article I

The name of the limited liability company as amended, is:

LSP ADVISORY SOLUTIONS, LLC

The amendment was approved by unanimous vote of all the members entitled to vote.

This document must be signed by a member, manager, or an authorized agent:

Signed this 9th Day of February, 2024 by:

Signature	Title	Title If "Other" was selected
Neil M. Schloss	Member	

By selecting ACCEPT, I hereby acknowledge that this electronic document is being signed in accordance with the Act. I further certify that to the best of my knowledge the information provided is true, accurate, and in compliance with the Act.

☐ Decline ☒ Accept

FILED
0902, FEB 27 14:11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

FILING ENDORSEMENT

This is to Certify that the CERTIFICATE OF AMENDMENT TO THE ARTICLES OF ORGANIZATION

for

LSP ADVISORY SOLUTIONS, LLC

ID Number: 802214891

received by electronic transmission on February 09, 2024 ***, is hereby endorsed.***

Filed on February 16, 2024 ***, by the Administrator.***

The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.

FILED
FEB 20 2024
SECRETARY OF STATE
LANSING, MICHIGAN



In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 16th day of February, 2024.

Linda Clegg

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau