L24000152448

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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COVER LETTER

TO:	New Filing So Division of C					
SHR IE	CT. Premium	Account Support Service	es, L	LC		
SUBJE	SC1.	(Name of Res	ulting	Florida Limit	ed Com	pany)
				-		I fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please	return all corre	espondence concerning	g this	s matter to:		
Benjam	nin Orchard					
		(Contact Person)				
Premium Account Support Services, LLC						
(Firm/Company)					•	
82155 J	Hooded Warble	r Ct.				
		(Address)				
Yulee, F	FL 32097					
	((City, State and Zip Code)				
ben@p	assrequest.com	١				
E-ma	ail Address: (to b	e used for future annual re	port n	otifications)		
For fur	ther information	on concerning this ma	iter, į	please call:		
Benjamin Orchard at (208					206-5	039
······································					(Dayt	ime Telephone Number)
		or the following amou a bank located in the		•	rocess	ed by this office must be payable in US
(\$25 for	0.00 Filing Fees Conversion for Articles nization)	-		\$180,00 Filing Certified Cop		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status
New Filing Section Division of Corporations P.O. Box 6327						Address: Filing Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303



STATE OF IDAHO

Phil McGrane | Secretary of State **Business Office** 450 North 4th Street PO Box 83720 Boise, ID 83720

March 6, 2024

Request Type: Certificate of Existence/Filing

Issuance Date: 03/06/2024

Copies Requested: 0005637474

Request #: 000951356 Receipt #:

Premium Account Support Services, LLC Regarding:

Filing Type: Limited Liability Company (D) File #: 3805854

Formation/Qualification Date: 03/07/2020

Active-Existing Formation Locale: IDAHO Status:

Perpetual Inactive Date: Duration Term:

Certificate of Existence

I, Phil McGrane, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

Premium Account Support Services, LLC

is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above.



Phil McGrane

Idaho Secretary of State

Verification #: 027741628 Processed By: Business Division

Phone: 208-334-2301 * Email: business@sos.idaho.gov * Website: sosbiz.idaho.gov

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: Premium Account Support Services, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LLC (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)
March 7, 2020 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Premium Account Support Services, 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 6th day of March	20_24
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: Benjamin Orchard	Title: LLC Member
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)}
Signature: Printed Name Benjamin Orchard	Title: LLC Member
Signature:	
Signature: Printed Name:	_ Title:
Signature: Printed Name:	_ Title:
Signature:	
Printed Name:	Title:
Signature:Printed Name:	
Signature:Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of the Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL, General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must con	ntain the words "Limited Lia	Ellin Common of J. C. Son et J. C. St.				
ARTICLE II - Addres		onny Company. L.C.C., Or LEC. 1				
		e principal office of the Limited Liability Company is				
Principal Office Addr	ress:	Mailing Address:				
82155 Hooded Warbler C	Ot	82155 Hooded Warbler Ct.				
Yulee, FL 32097		Yulee, FL 32097				
	ny cannot serve as its own Ro Florida registration.)	ered Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another the registered agent are:				
(The Limited Liability Compar business entity with an active The name and the Flori	ny cannot serve as its own Ro Florida registration.)	egistered Agent. You must designate an individual or another				
(The Limited Liability Compar business entity with an active The name and the Flori	ny cannot serve as its own Re Florida registration.) ida street address of th njamin Orchard	egistered Agent. You must designate an individual or another				
(The Limited Liability Comparbusiness entity with an active) The name and the Floriage Ber	ny cannot serve as its own Re Florida registration.) ida street address of th njamin Orchard	egistered Agent. You must designate an individual or another he registered agent are:				
(The Limited Liability Comparbusiness entity with an active) The name and the Flori Ber	ny cannot serve as its own Re Florida registration.) ida street address of the njamin Orchard Na 155 Hooded Warbler Ct.	egistered Agent. You must designate an individual or another he registered agent are:				
(The Limited Liability Comparbusiness entity with an active) The name and the Flori Ber	ny cannot serve as its own Re Florida registration.) ida street address of the njamin Orchard No. 155 Hooded Warbler Ct. orida street address (I	egistered Agent. You must designate an individual or another he registered agent are: ame				

(CONTINUED)

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

Name and Address:
Benjamin Orchard
82155 Hooded Warbler Ct.
Yulee, FL 32097
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an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am aware that ment to the Department of State constitutes a third degree felony

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)