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SECRETARY OF STATE

T.J.H 4/2/24

COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: Cloud Business Professionals LL	.C		
(Name of Res	ulting Florida Limit	nited Company)	
The enclosed Articles of Conversion, Articl Business Entity" into a "Florida Limited Li	es of Organization ability Company	ntion, and fees are submitted to convert an "Other ny" in accordance with s. 605.1045, F.S.	
Please return all correspondence concerning	g this matter to:		
Sean P. Cronin			
(Contact Person)			
Stanton Cronin Law Group PL			
(Firm/Company)		_	
6944 W. Linebaugh Ave. Suite 102			
(Address)		_	
Tampa, Florida 33625			
(City, State and Zip Code)			
scronin@sclawyergroup.com			
E-mail Address: (to be used for future annual re	port notifications)	·)	
For further information concerning this ma	itter, please call:	ıl:	
Sean P. Cronin	at (813	444-0156	
(Name of Contact Person)	(Area Code	de) (Daytime Telephone Number)	
Enclosed is a check for the following amodulars and drawn on a bank located in the	unt: (All checks p United States)		
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) S155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing and Certified Co	Copy Certified Copy, and Certificate of Status	T
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	

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: Cloud Business Professionals LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(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)
April C 2019
on (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Cloud Business Professionals LLC
(Enter Name of Florida Limited Liability Company)
March 29, 2024
(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.
 - MAPR -8 PH 1.1.1
 SECRETARY OF STATE
 TRIPLE

Signed this 21 th day of March	20_24
Signature of Authorized Representative of Limit	ed Liability Company:
	lle
Signature of Authorized Representative:	Title: Manager
Printed Name. Name is incorded.	
Signature(s) on behalf of Other Business Entity: 1	See below for required signature(s)]
· ·	
Signature: Aaron Mitcham	Title: Member
Printed Name: Adion Milenam	
Signature:	
Signature:Printed Name:	_ Title:
Signature:Printed Name:	Title
Printed Name:	
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Printed Name:	
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:
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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - No. The name of the	a <mark>me:</mark> Limited Liability Compa	my is:	
Cloud Business P	rofessionals LLC		
	Must contain the words "Limited	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - A The mailing addi	Address: ress and street address of	the principal office of the Lim	ited Liability Company is:
Principal Office	Address:	Mailing Address:	
3819 Fenster Lan	ie	3819 Fenster Lane	
The Villages, Flor		The Villages, Florida 32	2163
(The Limited Liability business entity with	cCompany cannot serve as its ow an active Florida registration.)	istered Office, & Registered Agent. You must designate of the registered agent are:	Agent's Signature: : an individual or another
The hame and the	Stanton Cronin Law G		
	Stanton Cronin Law Of	Name	-
	6944 W. Linebaugh Av	ve Suite 102	
		ss (P.O. Box <u>NOT</u> acceptable)	-
	Tampa	FL 33625	_
	City	Zip	_
liability co registered ago	mpany at the place design ent and agree to act in this time to the proper and con-	nt and to accept service of proce nated in this certificate, I hereby s capacity. I further agree to co mplete performance of my dutie, n as registered agent as provide	v accept the appointment as omply with the provisions of all s, and I am familiar with and

Title:	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager			
MGR	Aaron Mitcham		-
	3819 Fenster Lane		-
	The Villages, Florida 32163		-
			-
			-
			-
			-
			-
			_
_ 			-
			_
			_
(Use attachment if necessary)			
ICLE V: Other provisions, if any.	iness management and accounting services to the	public.	
urpose of the company is to provide small bus	micss management of		
			APR -R
		-CR	7
PROTUPED CICAL TUDE.		- <u>- </u>	뀾
REQUIRED SIGNATURE:	•		1
A A A A			ىد _
			 3
	r an authorized representative of a men	Sec 5	

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 5.00 Certificate of Status (Optional) \$ 30.00 Certified Copy (Optional)

Aaron Mitcham