## L24000218382

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





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2024 FEO -7 Rt. 7: 1



## 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 Arti Hartnett Consulting ELC	cles of Conve	ersion is:
(Enter Name of Other Business Entity)	<del></del>	
2. The "Other Business Entity" is a		
(Enter entity type. Example: corporation, limited partnership, general partnership, com	non law or busin	ness trust, etc.)
First organized, formed or incorporated under the laws of	he name of the	couptry)
04/04/2021	ne mine or me	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(date of organization, formation or incorporation)		
<ol> <li>The name of the Florida Limited Liability Company as set forth in the attached Attachet Consulting LLC</li> </ol>	rticles of Org	anization:
(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 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.	90 calendar	_
5. The plan of conversion has been approved in accordance with all applicable statutes	S.	
6. The "Converted or Other Business Entity" has agreed to pay any members having appropriately such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	aisal rights the	e amount to
		2024 FEE - 1
		<u>*</u> :

Signed this 3 day of February	2024 .		
Signature of Authorized Representative of Limi			
Simula Mila	lred Hartrett		
Signature of Authorized Representative: Wila Printed Name: Mildred Hartnett	Title: Member		
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]		
Signature: Mildred Hartnett			
Printed Name: Mildred Hartnett	Title: Member		
Signature:			
Signature:Printed Name:	Title:		
Signature: Printed Name:			
Printed Name:	Title:		
Signature:Printed Name:			
Printed Name:	Title:		
Signature:Printed Name:		,	
Printed Name:	Title:		
Signature:			
Signature:Printed Name:	Title:	,	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In			
If Florida General Partnership or Limited Liabili Signature of one General Partner.	itv Partnership:		
1f Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.			
All others: Signature of an authorized person.		? :	2024 FE <sub>6</sub>
Fees:		••	0 - 7
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	j	hi. 7: j 3

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited	Liability Compan	v is:	
		,	
Hartnett Consulting LLC			
(Must contai	n the words "Limited Li	ability Company, "L.L.C.," or "L.LC.")	
ARTICLE H - Address: The mailing address and		ne principal office of the Limited L	iability Company is:
Principal Office Addres	<u>s:</u>	Mailing Address:	
5656 NE 61st CT		5656 NE 61st CT	
Silver Springs, Florida 344	88	Silver Springs, Florida 34488	<del></del>
	cannot serve as its own I	ered Office, & Registered Agent Registered Agent. You must designate an indi-	
The name and the Florida	street address of	the registered agent are:	
Mildre	ed Hartnett		
<i></i>	7	lame	
5656	NE 61st CT		
Flor	ida street address (	(P.O. Box NOT acceptable)	
Silver	Springs	FL 34488	
	City	Zip	
liability company at registered agent and ag statutes relating to the	the place designate ree to act in this ca proper and comple	nd to accept service of process for t ed in this certificate. I hereby accep upacity. I further agree to comply w lete performance of my duties, and i is registered agent as provided for i	et the appointment as with the provisions of all I am familiar with and
	Mildred 9	Hartnett	202
R	egistered Agent's	Signature (REQUIRED)	2024 F.E7
	(CON	TINUED)	:- 7 A:
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The name and address of each person authorized to manage and control the Limited Liability Company:

Mildred Hartnett 5656 NE 61st CT Silver Springs, FL 34488  Barry Hartnett 5656 NE 61st CT		<u> </u>
5656 NE 61st CT Silver Springs, FL 34488 Barry Hartnett		
5656 NE 61st CT Silver Springs, FL 34488 Barry Hartnett		
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	Silver Springs, FL 34488	Silver Springs, FL 34488

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