# L24000255434

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



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#### COVER LETTER

TO: New Filing Section Division of Corporations		•
SUBJECT: TWINTVEE LLC		
	sulting Florida Limit	ed Company)
The enclosed Articles of Conversion, Artic Business Entity" into a "Florida Limited L		on, and fees are submitted to convert an "Othe" in accordance with s. 605.1045. F.S.
Please return all correspondence concernir	g this matter to:	
Si-Meon Russ		
(Contact Person)		
Back Office Execs Inc.		
(Firm/Company)		
25 N. Market Street Suite 104		
(Address)		
Jacksonville, FL 32202		
(City, State and Zip Code)		
contact@boexecsinc.com		
E-mail Address: (to be used for future annual re	port notifications)	
For further information concerning this ma	atter, please call:	
Si-Meon Russ	at ( 904	790-2069
(Name of Contact Person)		(Daytime Telephone Number)
Enclosed is a check for the following amodollars and drawn on a bank located in the		rocessed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop	
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327		Street Address: New Filing Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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

The Articles of Conversion and attached Articles of Organization are submitted to compart the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605. 1545, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: TWINTVEE ENTERPRISES CO.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation  (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)
on 11/21/2023 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
TWINTVEE 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 02	day of APRIL	20_24	
Signature of Authoriz	ed Representative of	Limited Liability Company:	
Signature of Authorize Printed Name: JASON F	d Representative: JASO OGERS	N ROGERS (AUT 2, 792H 6:16 EDT)	
Signature(s) on behalf	of Other Business En	tity: [See below for required sign	nature(s)]
Signature:		Title: MGR	
Printed Name 9ASONER	OGERS024 16:16 EDT)	Title: MGR	
Signature:			
Printed Name: JOSHUA	ROGERS	Title: MGR	
Signature:			
Printed Name:		Title:	<del></del>
Signature:		Title:	
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	<del> </del>
If Florida Corporation Signature of Chairman, If Directors or Officers	Vice Chairman, Direct	or, or Officer. , an Incorporator must sign.	
1070 11 61 11		C 8 481 - 78 - 7 - 7 - 7	

### 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)



#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

TWINTVEE LLC	and the state of t	There con and the control of the second	
(Mus	st contain the words "Limited Li	ability Company, "L.L.C.," or "LLC,")	
ARTICLE II - Ade	dress:		
The mailing address	s and street address of the	ne principal office of the Limited Lia	bility Company is:
Principal Office A	ddress:	Mailing Address:	
25 N. MARKET STR	EET	25 N. MARKET STREET	
SUITE 104		SUITE 104	
LACKOON BULLE EL			
JACKSONVILLE, FL		JACKSONVILLE, FL 32202	
ARTICLE III - Re (The Limited Liability Co- business entity with an a	egistered Agent, Regist	ered Office, & Registered Agent's Registered Agent. You must designate an individe	
ARTICLE III - Re (The Limited Liability Co- business entity with an a	egistered Agent, Regist impany cannot serve as its own to ctive Florida registration.)	ered Office, & Registered Agent's Registered Agent. You must designate an individe the registered agent are:	
ARTICLE III - Re (The Limited Liability Co- business entity with an a	egistered Agent, Regist ompany cannot serve as its own to ctive Florida registration.) Florida street address of BACK OFFICE EXECS II	ered Office, & Registered Agent's Registered Agent. You must designate an individe the registered agent are:	
ARTICLE III - Re (The Limited Liability Co- business entity with an a	egistered Agent, Regist ompany cannot serve as its own to ctive Florida registration.) Florida street address of BACK OFFICE EXECS II	ered Office, & Registered Agent's Registered Agent. You must designate an individual the registered agent are:  NC.  Name	
ARTICLE III - Re (The Limited Liability Co- business entity with an a	egistered Agent, Regist impany cannot serve as its own to ctive Florida registration.)  Florida street address of  BACK OFFICE EXECS IT  N  25 N. MARKET STREET	ered Office, & Registered Agent's Registered Agent. You must designate an individual the registered agent are:  NC.  Name	
ARTICLE III - Re (The Limited Liability Co- business entity with an a	egistered Agent, Regist impany cannot serve as its own to ctive Florida registration.)  Florida street address of  BACK OFFICE EXECS IT  N  25 N. MARKET STREET	ered Office, & Registered Agent's Registered Agent. You must designate an individual the registered agent are:  NC.  Vame  SUITE 104	

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..

Si-Maon Russ
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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rs.		LI	v		ı	* -

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

	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	MCON BOCERS
MGR	JASON ROGERS  25 N. MARKET STREET SUITE LL108
	JACKSONVILLE, FL 32202
	JACKSONVICLE, PL 32202
MGR	JOSHUA ROGER
THE CONTRACTOR OF THE CONTRACT	25 N. MARKET STREET SUITE LL 108
	JACKSONVILLE, FL 32202
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(Use attachment if necessary)	
LE V: Other provisions, if any.	
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REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:  JASON ROGERS (Apr 2, 7074 16:16 ED1)	
REQUIRED SIGNATURE:  JASON ROGERS (Apr 2, 7074 16:16 EDT)  Signature of a member of	r an authorized representative of a member
Signature of a member of	e with section 605.0203 (1) (b), Florida Statutes. I am aware that
REQUIRED SIGNATURE:  JASON ROGERS (Apr 2, 2024 16:16 ED 1)  Signature of a member of This document is executed in accordance any false information submitted in a doc	r an authorized representative of a member re with section 605.0203 (1) (b), Florida Statutes. I am aware tha ument to the Department of State constitutes a third degree felor

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

Filing Fees