(Requestor's Name)
(Address)
(Address)
· · ·
(City/State/Zip/Phone #)
(Oky/State/Zipir Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Social Names)
Conflict Conice Confliction of Contra
Certified Copies Certificates of Status
Special Instructions to Filing Officer: 05/03/24
W240W075582





05/07/24--01015--020 **150.00







May 16, 2024

KEITH E. CARANANTE CARANANTE CONSULTING SERVICES INC. 205 SOUTH SHERRILL STREET TAMPA, FL 33609

SUBJECT: CARANANTE CONSULTING SERVICES LLC

Ref. Number: W24000075582

We have received your document for CARANANTE CONSULTING SERVICES LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Rickey L Richardson Regulatory Specialist II

Letter Number: 824A00010803

NECEIVED 2024 JUN -3 PM 2:36

COVER LETTER

	v Filing Soision of Co	ection orporations			
		e Consulting Services L	LC		
SUBJECT		(Name of Res	ulting Florida Limit	ed Com	pany)
					d fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please retur	n all corre	espondence concerning	g this matter to:		
Keith E Cara	anante				
		(Contact Person)			
Caranante (Consulting	Services Inc.			
	· <u>-</u> ·	(Firm/Company)			
205 South S	Sherrill Stre	et			
-		(Address)		•	
Tampa FL	33609				
	((City, State and Zip Code)		•	
kcaranante(@gmail.cor	n			
E-mail Ac	ldress: (to b	e used for future annual re	port notifications)	•	
For further	informatio	on concerning this ma	tter, please call:		
Keith Caran	ante		at (<u>813</u>	495-3	3034
(Na	me of Conta	et Person)		(Day	time Telephone Number)
		or the following amou a bank located in the		rocess	ed by this office must be payable in US
S150.00 F (\$25 for Cont & \$125 for A of Organizati	version rticles	S155.00 Filing Fees and Certificate of Status	S180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Nev Div P.O	iling Addr w Filing Serision of C D. Box 632 lahassee, 1	ection orporations 7		New I Divisi The C	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

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.

Caranante Consulting Services Inc. POINNO 64498	
(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.	
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, or	tc.)
First organized, formed or incorporated under the laws of	
(Enter state, or if a non-U.S. entity, the name of the country)	
06/27/2001 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	n:
Caranante Consulting 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 aft	er
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 16th	day of April	20	
		e of Limited Liability Company:	
Signature of Author Printed Name: Keith I	ized Representative: E Caranante	Title: Managing Member	
Signature(s) on beh	alf of Other Business	Entity: [See below for required signature	(s)]
Signature: Printed Name: Keith t	E Caranante	Title: President	
Signature:Printed Name:		Title:	
Signature: Printed Name:		Title:	
Signature: Printed Name:		Title:	
		Title:	
Signature: Printed Name:		Title:	
	an, Vice Chairman, Di	rector, or Officer. rted, an Incorporator must sign.	
If Florida General I Signature of one Ger		ed Liability Partnership:	
If Florida Limited I Signatures of <u>ALL</u> C		ed Liability Limited Partnership:	
All others: Signature of an author	orized 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 - Nam The name of the Lir	ie: nited Liability Comp	oany is:		
Caranante Consulting	g Services LLC t contain the words "Limite	ed Liability Company,	'L.L.C.," or "LLC.	")
ARTICLE II - Add The mailing address		of the principal of	fice of the Lin	nited Liability Company is:
Principal Office A	ddress:	Mailing	Address:	
205 South Sherrill Sta Tampa FL 33609	reet		uth Sherrill Stree	et
(The Limited Liability Co. business entity with an ac	egistered Agent, Rempany cannot serve as its octive Florida registration.) Torida street address Keith E Caranante	own Registered Agent.	You must designate	Agent's Signature: e an individual or another
	Reith E Caramante	Name		_
	205 South Sherrill Str	eet		
	Florida street addre		T acceptable)	_
	Tampa	FL 3	3609	
	City		Zip	_
liability compo registered agent o statutes relating	my at the place designd agree to act in the to the proper and coligations of my position	mated in this certi is capacity. I furti implete performan	ficate. I herehy her agree to co ice of my dutie: gent as provide	ess for the above stated limited accept the appointment as omply with the provisions of all s, and I am familiar with and ed for in Chapter 605, F.S

(CONTINUED)

ARTICLE IV-
The name and address of each person authorized to manage and control the Limited Liabilit
Company:

	Name and Address:
"AMBR" = Authorized Memb	er
"MGR" = Manager MGR	Keith E Caranante
WGK	205 South Sherrill Street
	Tampa FL 33609
	CAB NELL
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	9000i
	LORAL LORE
	
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REQUIRED SIGNATURE: Signature of a mem This document is executed in accounted.	ber or an authorized representative of a member
REQUIRED SIGNATURE: Signature of a mem This document is executed in accounted.	ber or an authorized representative of a member cordance with section 605.0203 (1) (b), Florida Statutes. I am aware in a document to the Department of State constitutes a third degree for
REQUIRED SIGNATURE: Signature of a mem This document is executed in acc any false information submitted in as provided for in s.817.155, F.S.	ber or an authorized representative of a member cordance with section 605.0203 (1) (b), Florida Statutes. I am aware n a document to the Department of State constitutes a third degree for
REQUIRED SIGNATURE: Signature of a mem This document is executed in acc any false information submitted in as provided for in s.817.155, F.S.	ber or an authorized representative of a member cordance with section 605.0203 (1) (b), Florida Statutes. I am aware in a document to the Department of State constitutes a third degree for

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