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(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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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

For any issues please contact Cheyanne Davis 08/02/2024 Date:____ (850) 202-1882 **Cheyanne Davis** 2460692 Reference #:_____ THE CAM TEAM, LLC Entity Name: Articles of Incorporation/Authorization to Transact Business Amendment Change of Agent Reinstatement ∇ Conversion Merger Dissolution/Withdrawal ☐ Fictitious Name Other____ Authorized Amount: Signature ______Output Ris__



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#. I20000000088

For any issues please contact
Cheyanne Davis
(850) 202-1882

Date: 08/02/2024	(850) 202-1882
Name: Cheyanne Davis	
Reference #: 2460692	
Entity Name:TH	E CAM TEAM, LLC
 ✓ Articles of Incorporation/Author ☐ Amendment ☐ Change of Agent ☐ Reinstatement ✓ Conversion 	:- 12 :- 12
☐ Merger	
☐ Dissolution/Withdrawal	
Fictitious Name	
Other	
Authorized Amount: \$150.0	0
Signature:	

F: 800.944.6607

COVER LETTER

TO: New Filing Sec Division of Cor							
SUBJECT: THE CAM	TEAM, LLC						
30 00 0001.		ulting Florida Lim	ited Cor	mpany)			
The enclosed Articles of Business Entity" into a							er
Please return all corresp	pondence concerning	g this matter to:					
Linda K. Melton							
	(Contact Person)		-				
THE CAM TEAM, LLC						20	
+	(Firm/Company)		-		<u> </u>	24 <i>i</i>	•
2233 Park Avenue, Suite	103				i .	2024 AUG - 2	
	(Address)	· · · · · · · · · · · · · · · · · · ·	-			I N	4
Orange Park, Florida 320)73						
(City	y, State and Zip Code)		-		jii.	<u></u>	(
kmelton@thecamteam.co	om				근된	9: 47	
E-mail Address: (to be u	sed for future annual rep	port notifications)	_		inj	7	
For further information	concerning this mat	ter, please call:					
Linda K. Melton		at (904	278-	2338			
(Name of Contact	Person)	(Area Code) (Day	2338 vtime Telephone Number)	_		
Enclosed is a check for dollars and drawn on a		nt: (All checks p			be payabl	c in US	
(\$25 for Conversion a	3\$155.00 Filing Fees nd Certificate of tatus	\$180.00 Filing and Certified Cop		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status			
Mailing Address New Filing Sect Division of Corp P.O. Box 6327 Tallahassee, FL	ion porations		New I Divisi The C	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suit	e 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 THE CAM TEAM, INC.	of Conv	ersion is	:
(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 busi	2024	्राह्म के किया है। संक्षा के किया किया
First organized, formed or incorporated under the laws of		===	. ====
June 15, 2015 (date of organization, formation or incorporation)		R	
3. The name of the Florida Limited Liability Company as set forth in the attached Article	es of Org	ganizatio	n:
THE CAM TEAM, 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 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 vidocument'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 2nd day of August	20_24
Signature of Authorized Representative of Limit	
Signature of Authorized Representative: Printed Name: Linda K. Melton	Title: Manager
Signature(s) on behalf of Other Business Entity:	
Signature: Linda K. Melton) Trul Procident
Printed Name: Linda K. Meiton	Title: President
Signature:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
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 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.	
Fces:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

2024 AUG -2 NM 9: 47

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

ARTICLE II - The mailing add		he principal office of the Limited Lia	ability Company is
Principal Office	e Address:	Mailing Address:	
2233 Park Avenu	e, Suite 103	2233 Park Avenue, Suite 103	
Orange Park, Flo		Orange Park, Florida 32073	
			'
(The Limited Liability business entity with	y Company cannot serve as its own I an active Florida registration.) ne Florida street address of I		dual or another 5
(The Limited Liability business entity with	y Company cannot serve as its own I an active Florida registration.) ne Florida street address of I	Registered Agent. You must designate an individ	CC
(The Limited Liability business entity with	y Company cannot serve as its own I an active Florida registration.) The Florida street address of the LIPPES MATHIAS LLP 10151 Deerwood Parl	Registered Agent. You must designate an individ the registered agent are: Name k Blvd., Bldg. 300, Stc. 300	Signature: dual or another 1.185555, FL
(The Limited Liability business entity with	y Company cannot serve as its own I an active Florida registration.) The Florida street address of the LIPPES MATHIAS LLP 10151 Deerwood Parl	Registered Agent. You must designate an individ the registered agent are:	CC
(The Limited Liability business entity with	y Company cannot serve as its own I an active Florida registration.) The Florida street address of the LIPPES MATHIAS LLP 10151 Deerwood Parl	Registered Agent. You must designate an individ the registered agent are: Name k Blvd., Bldg. 300, Stc. 300	CC

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

(CONTINUED)

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	Linda K. Béaltan
INGK	Linda K. Melton 2233 Park Avenue, Suite 103
	Orange Park, Florida 32073
	Orange Park, Florida 32073
	
	-
	
	<u> </u>
Use attachment if necessary)	
Ose attachment in necessary)	
	<u> </u>
LE V: Other provisions, if any.	115
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	· · · · · · · · · · · · · · · · · · ·
REQUIRED SIGNATURE:	
. 0 . 1830	
- Xindai K71 Let	ton .
Signature of a member or a	n authorized representative of a member
This document is executed in accordance v	with section 605.0203 (1) (b). Florida Statutes. I am aw
any false information submitted in a docum as provided for in s.817.155, F.S.	ent to the Department of State constitutes a third degre
Linda K. Melton	
T	ed or printed name of signee
r y p	Filing Fees

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)