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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only/Otale/Zip/r Horie #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Office Use Only



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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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Article TRUGRIT PARTNERS, LLC (Enter Name of Other Business Entity)	es of Co	onversion is:
2. The "Other Business Entity" is a		
First organized, formed or incorporated under the laws of Usquis (Enter state, or if a non-U.S. entity, the	name of	the country)
on $\frac{1 - 16 - 2 - 019}{\text{(date of organization, formation or incorporation)}}$		
3. The name of the Florida Limited Liability Company as set forth in the attached Arti	cles of (Organization:
TRUGRIT PARTUERS, LLC (Enter Name of Florida Limited Liability Company)		
4. If not effective on the date of filing, enter the effective date: $9-7-2024$ (The effective date: Cannot be prior to date of receipt or filed date nor more than 9 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 dat document's effective date on the Department of State's records.	0 calen	
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 apprais which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.		2924 Au 9 mil
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Signed this 7 day of august	20 24 *	
Signature of Authorized Representative of Limi	ted Liability Company:	
Signature of Authorized Representative: Printed Name: JOHN F BRUNO	IN F B. CEO	-
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]	
Signature: My F B		r
Printed Name: JTOHN F BRVVO		- " -
Signature:Printed Name:	_ Title:	- -
Signature:Printed Name:	Title:	- -
Signature: Printed Name:	Title:	_
Signature:Printed Name:		
Signature: Printed Name:	Title:	-
Signature: Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of the Directors or Officers have not been selected, an Inc.	E: Both entitier ore Officer. Member _ JOHN corporator must sign.	sugle FBRUKE
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:	
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:	
All others: Signature of an authorized person.		29
Fees:		24 A.
Articles of Conversion:	\$25.00	ئ.
Fees for Florida Articles of Organization: Certified Copy:	\$125.00 \$30.00 (Optional)	. •

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
TRUGRIT PARTUERS (Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1949 SE 36TH ST. CAPE CORAL, FL 33904	SAME
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
JOHN F BRUK Name	<u>Io</u>
1949 SE 36TH	5t.
Florida street address (P.O.	Box NOT acceptable)
CAPE CORAL City	<u>FL 33904</u> Zip
liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of al erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S
Mu Fl	24
Registered Agent's Signa	ature (REQUIRED)

(CONTINUED)

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager MGR > AMBR	JOHN F. BRUND 1949 SE 36TH ST. CAPE CORAL, FL 33904		
(Use attachment if necessary)			
CLE V: Other provisions, if any.	2024 B		
REQUIRED SIGNATURE:	ب ر		
MuFB	· · · · · · · · · · · · · · · · · · ·		
This document is executed in accordance wany false information submitted in a document of provided for in a \$17,155 E.S.	n authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware ent to the Department of State constitutes a third degree for		
JOHN F BRUND Typ			
Typ	ed or printed name of signee		

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