# L24000310865

(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)
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## 2330 CLARE DR (850) 524-6243 TALLAHASSEE, FL 32309 (850) 491-9625 Please use funds from this account: I20210000160: \$155.00 Authorization Signature: Business Name: Everlogic, LLC Document# Certified Copy X \_Certificate of Status **NEW FILINGS AMMENDMENTS** \_\_Profit Corp Amendment \_\_Resignation of R.A. Officer/Director Not for Profit \_Limited Liability \_\_\_Change of Registered Agent \( \square\) Domestication Revocation of Dissolution LLLP Merger CORP \_X\_\_Articles of Conversion Other Restated Articles of Incorporation \_\_Statement of Authority Other OTHER FILINGS REGISTRATION/QUALIFICATIONS \_Apostille \_Foreign Filing Country Reinstatement Qualification \_\_Annual Report Fictitious Name

(850) 524-5437

FLORIDA CAPITAL COURIER SERVICES, INC

**EXAMINER'S INITIALS:** 

FLORIDA CAPITAL COURIER SE	<b>RVICES, INC</b> (850) 524–5437
2330 CLARE DR	(850) 524–6243
TALLAHASSEE, FL 32309	(850) 491–9625
Please use funds from this a	ccount: I20210000160: \$155.00
Authorization Signature:	- Jan Jahr
Business Name: Everlogic, LL	<b>c</b> ()
Document#	
Certified Copy	
_XCertificate of Status	202
NEW FILINGS	AMMENDMENTS 222
Profit Corp	Amendment
Not for Profit	Resignation of R.A. Officer/Director
Limited Liability	Change of Registered Agent
Domestication	Revocation of Dissolution
LLLP	Merger
CORP	_XArticles of Conversion
Other	Restated Articles of Incorporation
Other	Statement of Authority
OTHER FILINGS	REGISTRATION/QUALIFICATIONS
Apostille	Foreign Filing
Country	Reinstatement
	Qualification
	Annual Report
	Fictitious Name

## **COVER LETTER**

TO:	New Filing So Division of C								
SUBJ	JECT: Everlogic	c, LLC							
		(Name of Res	ulting	Florida Lir	nited Co	ompany)			
				_		and fees are submitted accordance with s. 605			Other
Please	e return all corre	espondence concernin	g this	matter to	:				
	Michael Goo	odwin							
		(Contact Person)							
	Everlogic, In	nc.						202i;	
	8780 Perin	(Firm/Company) neter Park Court, SUI'	ΓE 10	0				2024 RUG 25	
		(Address)					· (, , ,	~~.	
	Jackso	onville, Florida 32216					716	ွှင့် ကွ	5
	((	City, State and Zip Code)			_		124	-	
	mike@everlogi	•					1:1	1	
E-r	nail Address: (to be	e used for future annual re	port no	tifications)					
For fi	urther information	on concerning this ma	tter, p	lease call	:				
	Michael Goodwin	ı	at (	904	)	993-2320			
	(Name of Conta	ct Person)		(Area Cod	e) (Da	aytime Telephone Number	)		
		or the following amou a bank located in the	-		proce	ssed by this office mus	st be pay	able in	US
(\$25 fc & \$125	60.00 Filing Fees or Conversion 5 for Articles anization)	S155.00 Filing Fees and Certificate of Status		.80.00 Filir Certified C		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status			
	Mailing Addr New Filing Se Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7			New Divi The 2415	et Address: Filing Section sion of Corporations Centre of Tallahassee N. Monroe Street, Su ahassee, FL 32303	iie 810		

#### **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 Everlogic, Inc.	
(Enter Name of Other Business Entity)	2024 F.UG
2. The "Other Business Entity" is a corporation  (Enter entity type. Example: corporation, limited partnership,	(T) exercis
First organized, formed or incorporated under the laws of	
(Enter state	e, or if a non-U.S. entity, the name of the country)
January 21, 2003 on	<u> </u>
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set for	rth in the attached Articles of Organization:
Everlogic, LLC	
(Enter Name of Florida Limited Liability Compa	any)
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	
the date this document is filed by the Florida Department of	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	filing requirements, this date will not be listed as the
5. The plan of convergion has been emproved in accordance with	all applicable statutes

- 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 23rd day of August, 2024

Signature of Authorized Representative of Limit	ited Liability Company:	
Signature of Authorized Representative:	MI	
Printed Name: Michael Goodwin	Title: Manager	_
Signature(s) on behalf of Other Business Entity:	•	
Signature: Mished Codwin	Til Precident	-
Printed Name: Michael Goodwin	little:	-
Signature:		_
Printed Name:	Title:	_
Ci-matura.		?
Signature: Printed Name:	Title:	024
Timed Name.		2024 £UG
Signature: Printed Name:		- 26
Printed Name:	Title:	- //
Signature-		1 9 E
Signature:Printed Name:	Title:	- :-: <u>:-:</u>
		- E. <b>5</b>
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.  If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	corporator must sign.  ty Partnership:	
All others: Signature of an authorized person.		
Fees:		
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	

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

Everlogic, LLC (Must contain the av	ords "Limited Liability Company, "L.L.C	` "or"HC"	<del></del>
(ivitist contain the wi	nus Emilica Elability Company. E.E.C.	or LLC. )	
ARTICLE II - Address:			
The mailing address and street	address of the principal office	of the Limited L	iability Compan
D ' ' 1000 A 11	3. # · 11 ·	,	
Principal Office Address:	Mailing Ad	aress:	
8780 Perimeter Park Ct.	8780 Perime	ter Park Ct.	?
Suite 100	Suite 100		024
ARTICLE III - Registered A		gistered Agent'	
ARTICLE III - Registered Ag The Limited Liability Company cannot s business entity with an active Florida reg The name and the Florida stree	gent, Registered Office, & Regree as its own Registered Agent. You mistration.)  address of the registered agen	gistered Agent' ust designate an indiv	's Signatu <del>re</del> :
Jacksonville, FL 32216  ARTICLE III - Registered As The Limited Liability Company cannot so business entity with an active Florida region.  The name and the Florida street Capitol	gent, Registered Office, & Reerve as its own Registered Agent. You mistration.)	gistered Agent' ust designate an indiv	's Signature: vidual or another
ARTICLE III - Registered Ag The Limited Liability Company cannot s business entity with an active Florida reg The name and the Florida stree	gent, Registered Office, & Regree as its own Registered Agent. You mistration.)  address of the registered agen	gistered Agent' ust designate an indiv	's Signature: vidual or another
ARTICLE III - Registered Ag The Limited Liability Company cannot s business entity with an active Florida reg The name and the Florida street Capitol	gent, Registered Office, & Regree as its own Registered Agent. You mistration.)  address of the registered agent. Corporate Services, Inc.,	gistered Agent' ust designate an indiv	's Signature: vidual or another
ARTICLE III - Registered Ag The Limited Liability Company cannot s business entity with an active Florida reg The name and the Florida stree  Capitol  515 Eas	gent, Registered Office, & Registered Agent. You make istration.)  address of the registered agent. Corporate Services, Inc.,  Name	gistered Agent' ust designate an indiv t are:	's Signature: vidual or another
ARTICLE III - Registered As The Limited Liability Company cannot s business entity with an active Florida reg The name and the Florida stree  Capitol  515 Eas  Florida str	gent, Registered Office, & Registered Agent. You make istration.)  address of the registered agent. Corporate Services, Inc.,  Name Park Avenue, 2nd Floor	gistered Agent' ust designate an indiv t are:	's Signature: vidual or another

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..

Kim Tadlock, Asst. Secretary on behalf of Capitol Corporate Services, Inc.

Registered Agent's Signature (REQUIRED)

Kim Tadlock

(CONTINUED)

#### ARTICLE IV-

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	TRACY GOODWIN			
	8780 Perimeter Park Ct., Suite 100			
	Jacksonville, FL 32216			
MGR	MICHAEL GOODWIN			
	8780 Perimeter Park Ct. Suite 100			
	Jacksonville, FL 32216			
	<b>2</b> 4 f.			
	- G			
(Use attachment if necessary)				
	<b>349</b>			
CLE V: Other provisions, if any.				
	· · · · · · · · · · · · · · · · · · ·			
REQUIRED SIGNATURE:				
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the ment to the Department of State constitutes a third degree felo			
P				

Typed or printed name of signee

Filing Fees

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