

(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:





09/03/24--01021--009 **150.00



COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: CTRL Capital UC (Name of Resulting Florida Limited Company)	
The enclosed Articles of Conversion, Articles of Organization, and fees are Business Entity" into a "Florida Limited Liability Company" in accordance	
Please return all correspondence concerning this matter to:	
Christopher Thompson (Contact Pelson) Ctrl Capital inc	
Germ/Company) 360 Evansdale Rd (Address) Lake Mary FL, 82746	
(City, State and Zip Code) Crthompson 593 @ gmail, con E-mail Address: (to be used for futble annual report notifications)	
For further information concerning this matter, please call: (Name of Contact Person) (Name of Contact Person) (Area Code) (Daytime Teleplease call:	1-26 tone Number)
Enclosed is a check for the following amount: (All checks processed by this dollars and drawn on a bank located in the United States)	office must be payable in US
(\$25 for Conversion and Certificate of and Certified Copy Certified	O Filing Fees, Copy, and e of Status
Mailing Address:Street AddressNew Filing SectionNew Filing SecDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee, FL 32314Tallahassee, FL 323142415 N. Monro	tion porations allahassee e Street, Suite 810

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 Articles of Conversion is:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>Corporation</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Horida (Enter state, or if a non-U.S. entity, the name of the country)
on 8-14-2023
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
CTRL Capital LLC (Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: \(\frac{\gamma/14/2023}{}\). (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 27th day of August	20 24		
Signature of Authorized Representative of Limit	ted Liability Company:		
Signature of Authorized Representative: Printed Name: Charistopher Thompson	Title:		
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]		
Signature: Printed Name: Christopher Thompson	Title: #		
Signature:			
Signature:Printed Name:	Title:		
Signature:			
Signature: Printed Name:	_ Title:		
Signature:			
Signature:Printed Name:	Title:		
Signature:			
Printed Name:	Title:		
Signatura			
Signature: Printed Name:	_ Title:		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign.			
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: 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

ARTICLE I - Name: The name of the Limited Liability Company is:	
CTRL Capital (Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Take Mary Ft, 32746	Same as Principle
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:
Christopher The	<u>om</u> 8540
360 Eurodale 1	·
Florida street address (P.O.	Box NOT acceptable)
lake Mary	FL 32746 Zip
0.1)	•
liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete po	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 all serformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S
Registered Agent's Signa	ature (REQUIRED)
(CONTINU	JED)

ARTICLE IV-

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

Title: "AMBR" = Authorized Member "MGR" = Manager "Title: "AMBR" = Authorized Member	Name and Address: Christopher Thompson 360 Evansolate Ro lake Mary PL, 32746
	2024 SEP
(Use attachment if necessary)	SEP -3 AM 10: 52
ARTICLE V: Other provisions, if any.	FL FL
REQUIRED SIGNATURE:	

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Christopher Thompson

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)