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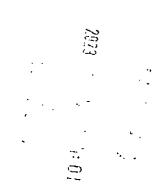
(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer.	
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Office Use Only



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09/04/24--01038--012 **150.00



COVER LETTER

TO: New Filing Se Division of Co							
SUBJECT: ARCHER	RESTIMATION & CONS	SULTING, LLC					
Sommer.	(Name of Res	ulting Florida Li	mited Co	mpany)	_		
		_		nd fees are submitted to accordance with s. 605.1			
Please return all corre	espondence concernin	g this matter to):				
Heather Jones							
	(Contact Person)						
ARCHER ESTIMATION	N & CONSULTING, LLC	2					
	(Firm/Company)						
3750 Gunn Hwy #306	F17255						
	(Address)					2023	
Tampa, FL 33618					1.	رين	
	City. State and Zip Code)		_		-	* #	
h.jones@archerestima	•					.;	
	e used for future annual re	port notifications				• .	
						-	Ų.
For further information	on concerning this ma	tter, please cal	l:			0	
Joshua L. Spoont, Esq		_at (<u></u>		-7573			
(Name of Conta	et Person)	(Area Co	de) (Da	ytime Telephone Number)	_		
	or the following amou a bank located in the	•	•	ssed by this office must	be payab	le in US	
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□S180.00 Fili and Certified (_	☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status			
Mailing Addi	ress:		Stree	et Address:			
New Filing So				Filing Section			
Division of C				sion of Corporations			
P.O. Box 632	7		The	Centre of Tallahassee			

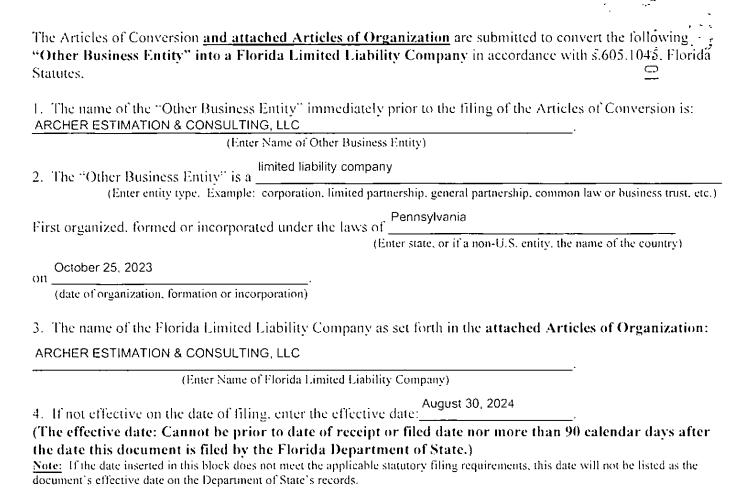
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

Articles of Conversion For "Other Business Entity" Into

Florida Limited Liability Company



- 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 12th day of August	_ 2024
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Citation Con-	Title: authorized representative/membe
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: Cumun Com	
Signature: Classification Printed Name: Heather Jones	Title: managing member
Signature: The One	
Signature: 74 O-Printed Name: Martin Jones	Title: member
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	
Signature	
Signature:Printed Name:	Title:
Signature	
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ty Limited 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

ARTICLE I - Na	me:		
The name of the L	imited Liability Company	vis:	
ARCHER ESTIMAT	TION & CONSULTING, LLC		
(M	ust contain the words "Limited Li-	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - A	ddress:		
		e principal office of the Limited	d Liability Company is:
Principal Office	Addross:	Mailing Address:	
Trincipal (Minec)	Address.	Maining Address.	
3750 Gunn Hwy		3750 Gunn Hwy	
#306 F17255		#306 F17255	
Tampa, FL 33618		Tampa, FL 33618	
(The Limited Liability C business entity with an	Company cannot serve as its own Factive Florida registration.) Florida street address of t	ered Office, & Registered Age Registered Agent. You must designate an i	
	SMK Biz Solutions LLC		4:
	N	ame	- 4
	3750 Gunn Hwy #306		
	Florida street address (P.O. Box <u>NOT</u> acceptable)	10
	Tampa	FL 33618	
	City	Zip	

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.

/s/ Rynthia Gerhardt

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

A VADD " — A college described Managers	
AMBR" = Authorized Member MGR" = Manager	
AMBR	Heather Jones
	3750 Gunn Hwy #306 F17255
	Tampa, FL 33618
	
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Use attachment if necessary)	
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Use attachment if necessary) LE V: Other provisions, if any.	··
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E V: Other provisions, if any. REQUIRED SIGNATURE:	÷
E V: Other provisions, if any.	
E V: Other provisions, if any. REQUIRED SIGNATURE: COLUMN COOKS Signature of a member or	an authorized representative of a member
EV: Other provisions, if any. REQUIRED SIGNATURE: COLUMN COOKS Signature of a member or This document is executed in accordance	e with section 605.0203 (1) (b), Florida Statutes. I am awa
EV: Other provisions, if any. EQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	
EQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	e with section 605.0203 (1) (b), Florida Statutes. I am awa
EQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. Heather Jones	e with section 605.0203 (1) (b), Florida Statutes. I am awa