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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:





000437475340

10/08/24--01019--009 **185.00



COVER LETTER

Division of Corporations		
SUBJECT: Core Strategic Partners, LLC		
	sulting Florida Limit	ed Company)
The enclosed Articles of Conversion. Articles Business Entity" into a "Florida Limited L		on, and fees are submitted to convert an "Other" in accordance with s. 605.1045, F.S.
Please return all correspondence concernir	ng this matter to:	
Kathleen Davie		
(Contact Person)		
Core Strategic Partners, LLC		
(Firm/Company)		
11985 Crestridge Loop		
(Address)		
New Port Richey, FL 34655		
(City, State and Zip Code)		
Corestrategicpart@gmail.com		
E-mail Address: (to be used for future annual re	eport notifications)	
For further information concerning this ma	atter, please call:	
Kathleen Davie	at (, 808-4326
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amordollars and drawn on a bank located in the		rocessed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\square{1}\$\$ \$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing and Certified Cop	· ·
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Conversion

For

"Other Business Entity"

nto

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: Core Strategic Partners, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Company
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S, entity, the name of the country)
8/24/2022 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Core Strategic Partners, 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 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 4h day of October	_20 <u>24</u> .
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: Kathleen Davie	Title: Manager OVI-e
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: Athlen Davie Printed Name: Kathleen Davie	Title: Manager
Signature: Brian Davie Printed Name: Brian Davie	Title: Manager
Signature:Printed Name:	_ Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	Officer. corporator must sign.
If Florida General Partnership or Limited Liabilit	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y 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)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company	y is:
Core Strategic Partners, LLC	
	ability Company, "L.L.C.," or "ELC.")
	,,,
ARTICLE II - Address:	
The mailing address and street address of th	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
11985 Crestridge Loop	11985 Crestridge Loop
New Port Richey, FL 34655	New Port Richey, FL 34655
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own 8 business entity with an active Florida registration.)	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
The name and the Florida street address of t	he registered agent are:
Kathleen Davie	
N	ame
11985 Crestridge Loop	
Florida street address (P.O. Box <u>NOT</u> acceptable)
New Port Richey	FL 34655
City	Zip
	nd to accept service of process for the above stated limite

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..

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:

Title:	Name and Address:			
"AMBR" = Authorized Member				
"MGR" = Manager MGR	Kathlana Davia			
MGR	Kathleen Davie			
	11985 Crestridge Loop			
	New Port Richey, FL 34655			
MGR	Brian Davie			
	11985 Crestridge Loop			
	New Port Richey, FL 34655			
	New Fort Neries, FE 34003			
(Use attachment if necessary)				
(555 454451414141414141414141414141414141				
CLE V: Other provisions, if any.				
	EIN 88-3865713			
REQUIRED SIGNATURE:	, and the second se			
Rathleen	Davie			
Signature of a member or a	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.

Kathleen Davie

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)