L24000477567

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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Special Instructions to Filing Officer:		
10121/24		

Office Use Only



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S. CHATHAM

08/16/24--01025--010 **180.00

SECRETARY OF STATE



August 23, 2024

THERESA FOX 15913 TISONS BLUFF RD JACKSONVILLE, FL 32218 US

SUBJECT: FOX, MORTER, & ASSOCIATES CONSULTING, LLC

Ref. Number: W24000119687

We have received your document for FOX, MORTER, & ASSOCIATES CONSULTING, LLC and check(s) totaling \$180.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PER FLORIDA STATUES THERE CAN ONLY BE ONE REGISTERED AGENT LISTED.

If you have any further questions concerning your document, please call (850) 245-6052.

Tabitha J Howell Regulatory Specialist II New Filings Section

Letter Number: 724A00018953

RECEIVED 440CT 21 PHIZ: 10

COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Fox, Morter, & Associates C	onsulting, LLC	
	f Resulting Florida Lim	mited Company)
The enclosed Articles of Conversion, A Business Entity" into a "Florida Limite	articles of Organizated Liability Compan	eation, and fees are submitted to convert an "Othe any" in accordance with s. 605.1045, F.S.
Please return all correspondence concer	rning this matter to:	0:
Theresa Fox		
(Contact Person)		<u></u>
Fox, Morter, & Associates Consulting, LLC	;	
(Firm/Company)		
15913 Tisons Bluff Rd		
(Address)		_
Jacksonville, FL 32218		
(City, State and Zip Co	de)	_
tfox@foxmorter.com		
E-mail Address: (to be used for future annu	al report notifications)	()
For further information concerning this	matter, please call:	1:
Theresa Fox	at (355-0784
(Name of Contact Person)		de) (Daytime Telephone Number)
Enclosed is a check for the following as dollars and drawn on a bank located in	mount: (All checks) the United States)	s processed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$155.00 Filing Fee and Certificate of Status	ees \$180.00 Filing and Certified Co	
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"

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

(Enter Nam	ity" immediately prior to the filing of the Articles of Conversion is:
2. The "Other Business Entity" in LLC	
First organized, formed or incorporated u	oration, limited partnership, general partnership, common law or business trust, etc.) Pennsylvania nder the laws of
6/7/2006 on	(Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or incorporati	ion)
	lity Company as set forth in the attached Articles of Organization:
(Enter Name of Florid	da Limited Liability Company)
4. If not effective on the date of filing, enti- (The effective date: Cannot be prior to d the date this document is filed by the Flo Note: If the date inserted in this block does not med document's effective date on the Department of State	ate of receipt or filed date nor more than 90 calendar days after or the applicable statutory filing requirements, this date will not be listed as the te's records.
5. The plan of conversion has been approve	d in accordance with all applicable statutes
6 The 9C.	Transfer 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 14 day of August 2024	<u>-</u>
Signature of Authorized Representative of Limi	ited Liability Company:
n: (4)	150
Signature of Authorized Representative:	7 2 12 11
Printed Name: Theresa Fox	Title: Owner/ President
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signatura	
Signature: Printed Name: Theresa Fox	Title: Owner President / CHAIR Mb)
2 Timber	
Printed Name: Kirk Fox	Title: Owner (Vice President / VICE CHARM 40)
Printed Name: Nik Fox	Title: Owner, vice President Juce CHAIRM LO
Signature	• •
Signature:Printed Name:	Title
Timed Famo.	Title.
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation:	0 K
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc	
if Directors of Officers have not been selected, an inc	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	ty kattlership.
•	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL General Partners.	
All othors.	
All others: Signature of an authorized person.	
Signature of an audiorized person,	
Fees:	ω.
<u> </u>	Z. Zaz
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	
Certificate of Status:	\$30.00 (Optional)
Certificate of Status.	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

F., M. A. 0	A 11 0 W 110		
Fox, Morter, &	Associates Consulting, LLC (Must contain the words "Limited I	Liability Company, "L.L.C.," or "LLC.")	
	(condit the world Elimeti	satisfy company, L.D.C., of ELC.	
ARTICLE II			
The mailing ac	ddress and street address of t	he principal office of the Limited Liability Compan	y is:
Principal Off	ice Address:	Mailing Address:	
15913 Tisons E	Bluff Rd	same	
Jacksonville, F	<u>L</u>		
32218			
(The Limited Liabi	I - Registered Agent, Regis lity Company cannot serve as its own th an active Florida registration.)	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another	
(The Limited Liabi business entity wi	lity Company cannot serve as its own	Registered Agent. You must designate an individual or another	
(The Limited Liabi business entity wi	Ity Company cannot serve as its own than active Florida registration.) the Florida street address of Theresa Fox	Registered Agent. You must designate an individual or another	
(The Limited Liabi business entity wi	Ity Company cannot serve as its own than active Florida registration.) the Florida street address of Theresa Fox	Registered Agent. You must designate an individual or another the registered agent are:	-
(The Limited Liabi business entity wi	Ity Company cannot serve as its own than active Florida registration.) the Florida street address of Theresa Fox 15913 Tisons Bluff Rd	Registered Agent. You must designate an individual or another the registered agent are: Name	-
(The Limited Liabi business entity wi	Ity Company cannot serve as its own than active Florida registration.) the Florida street address of Theresa Fox 15913 Tisons Bluff Rd	Registered Agent. You must designate an individual or another the registered agent are: Name	-
(The Limited Liabi business entity wi	the Florida street address of Theresa Fox 15913 Tisons Bluff Rd Florida street address	Registered Agent. You must designate an individual or another the registered agent are: Name (P.O. Box NOT acceptable)	-

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Company:	
Title: "AMBR" = Authorized Member "MGR" = ManagerAMBR	Name and Address: THERESA Fox 15913 Tisons Bluff Rd Jacksonville, FL 32218
AMBR	KIRK FoX 15913 Tisos Bluff Rd Jacksonville, FL 32218
	PECRETARY OF TALLAHASS
(Use attachment if necessary)	E, FI
TICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	Tur Trop
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felony
THERESA F	ox / KIRK Fox
Тут	ped or printed name of signee

Filing Fees
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 5.00 Certificate of Status (Optional)

\$ 30.00 Certified Copy (Optional)

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

ARTICLE IV-