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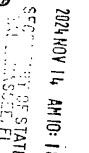
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## COVERLETTER

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#### **COVER LETTER**

TO:	New Filing So Division of C						
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3010		(Name of Res	ulting Florida Li	mited Con	npany)	~	
					d fees are submitted to ccordance with s. 605.		ı "Other
Please	e return all corre	espondence concerning	g this matter to	<b>)</b> :			
Filings	s Team						
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		(Firm/Company)		<del></del>			
7901	4th St N STE 300	)					
		(Address)					
St. Pe	tersburg, FL 337						
	((	City, State and Zip Code)					
FLfilin	gs@northwestre	gisteredagent.com					
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	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee, I	ection orporations 7		New Divis The C 2415	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suit hassee, FL 32303	SEC. THE MAN	2024 HOY 14 AH

#### **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:  Scott Gordon Consulting 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.)
(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)
12/22/2023
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:
Scott Gordon Consulting 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.
202 SEC

Signed this	5th day of November	er 20 <u>24 .</u>	
		tive of Limited Liability Company:	
Signature of	of Authorized Representative	scott Gordon	
Printed Na	ne: Scott Gordon	Title:	
		ess Entity: [See below for required signs	
Signature:	Scoll Bordon	Title:	
Printed Na	me: Scott Gordon	Title:	<del></del>
Signature:		Title:	
Printed Na	ne:	Title:	<del></del>
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	Corporation: f Chairman, Vice Chairman,	Director, or Officer.	
		lected, an Incorporator must sign.	
	General Partnership or Lin f one General Partner.	nited Liability Partnership:	
	Limited Partnership or Lin of <u>ALL</u> General Partners.	nited Liability Limited Partnership:	
All others: Signature of	f an authorized person.		
Fees:			•
Ari Fee Ce	icles of Conversion: es for Florida Articles of Org tified Copy: tificate of Status:	\$25.00 ganization: \$125.00 \$30.00 (Optional) \$5.00 (Optional)	SECULTARY OF STATE
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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company i	s:
Scott Gordon Consulting LLC	
(Must contain the words "Limited Liab	ility Company, "L.L.C.," or "I.L.C.")
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1 Lumbermill Lane	7901 4th St N STE 300
Vorhees, NJ 08043	St. Petersburg, FL 33702
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Regions business entity with an active Florida registration.)  The name and the Florida street address of the	
Northwest Registered Agen Na	
1441	
7901 4th St N STE 300	
Florida street address (P.	O. Box NOT acceptable)
St. Petersburg	FL <sup>33702</sup>
City	Zip
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet accept the obligations of my position as i	I to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all we performance of my duties, and I am familiar with and registered agent as provided for in Chapter 605, F.S  Indiana (REQUIRED)

Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager		
AMBR	Gordon, Scott	
	7901 4th St N STE 300	
	St. Petersburg, FL 33702	
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ICLE V: Other provisions, if any.		
REQUIRED SIGNATURE:		
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ARTICLE IV-

Nat Smith

as provided for in s.817.155, F.S.

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)