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Special Instructions to	Filing Officer:	-
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#### **COVER LETTER**

Division of Corporations			
SUBJECT: CactusLab, LLC			
(Name of Resu	ilting Florida Limit	ed Company)	
The enclosed Articles of Conversion, Article Business Entity" into a "Florida Limited Lia	es of Organization Solitity Company	on, and fees are in accordance	submitted to convert an "Other with s. 605.1045, F.S.
Please return all correspondence concerning	this matter to:		
Mark P Ford			
(Contact Person)			
CactusLab, LLC			
(Firm/Company)			
4009 W Vasconia St			
(Address)			
Tampa, FL 33629			
(City, State and Zip Code)			
mark.ford@cactuslab.io			
E-mail Address: (to be used for future annual rep	ort notifications)		
For further information concerning this mat	ter, please call:		
Mark P Ford	_at ( <u>734</u>	476-9584 4	76-9584
(Name of Contact Person)	(Area Code)	(Daytime Telep	hone Number)
Enclosed is a check for the following amou dollars and drawn on a bank located in the	nt: (All checks p United States)	rocessed by thi	s office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)  \$\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		00 Filing Fees, I Copy, and te of Status
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Second Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	ction orporations Tallahassee oe 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.

- 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 22nd day of November	20_24
Signature of Authorized Representative of Limit	ted Liability Company:
and the second s	ND
Signature of Authorized Representative:	
Printed Name: Mark P Ford	Title: CEO
Signature(s) on behalf of Other Business Entity: [	See below for required signature(s)]
Signature:	Title: CEO
Signature: Printed Name: Mark P Ford	Title: CEO
Signature:Printed Name:	
Signature:	
Printed Name:	_ Title:
Signature:	
Printed Name:	Title:
Timed Name.	
Signature:	
Printed Name:	_ Title:
Cianatura	
Signature:Printed Name:	Title:
Frinted (vaine	
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or C	Officer.
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
•	
If Florida Limited Partnership or Limited Liability	ty Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
All others:	
Signature of an authorized person.	
orginates of an authorized persons	
<u>Fees:</u>	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Lia	bility Company is	:	
Ocabat at 110			
CactusLab, LLC (Must contain the	words "Limited Liabili	ity Company, "l.L.C.," or "LLC.")	
ARTICLE II - Address:			
The mailing address and stre	et address of the p	principal office of the Limited Liability Company is	i:
Principal Office Address:		Mailing Address:	
4009 W Vasconia St		4009 W Vasconia St	
Tampa, FL 33629		Tampa, FL 33629	
(The Limited Liability Company cann business entity with an active Florida  The name and the Florida str	ot serve as its own Regi a registration.)		
	Nan		
	/asconia St	O. Day NOT accentable)	
	street address (F.	O. Box NOT acceptable)	
Tampa		FL 33629	
	City	Zip	
liability company at the registered agent and agree statutes relating to the pr	place designated to act in this capa toper and complete	to accept service of process for the above stated limi in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of performance of my duties, and I am familiar with a egistered agent as provided for in Chapter 605, F.S	s f all nd

(CONTINUED)

**ARTICLE IV-**

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

	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	A4 1 D F
AMBR	Mark P Ford
	4009 W Vasconia St
	Tampa, FL 33629
(Use attachment if necessary)	
LE V: Other provisions, if any.	
Eg v. Oner provisions, it miy.	
DECHIDED SIGNATIVES	
REQUIRED SIGNATURE:	<u></u>
REQUIRED SIGNATURE:	
MANI	
Signature of a member of	or an authorized representative of a member
Signature of a member of This document is executed in accordant any false information submitted in a document is executed in a document in a d	ice with section 605.0203 (1) (b). Florida Statutes, I am aware
Signature of a member o	or an authorized representative of a member acce with section 605.0203 (1) (b), Florida Statutes. I am aware cument to the Department of State constitutes a third degree for
Signature of a member of This document is executed in accordant any false information submitted in a document as provided for in s.817.155, F.S.  Mark P Ford	ice with section 605.0203 (1) (b). Florida Statutes, I am aware

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)