115000 16917

(Reque	stor's Name)	
(Addres	es)	
(Addres	ss)	
(City/Si	ate/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Busine	ess Entity Name)	
(Docun	nent Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filin	ng Officer.	

Office Use Only



100439049851

2025 JAN 10 AH 9: 47

2025 JAN 10 PH 3: 56



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date:	01/10/2025	202
Name:	Cheyanne Davis	2025 JAN
Referenc	e #: 2603941	_
		ASING ASSOCIATION, LLC
√ Aı	ticles of Incorporation/Authorization	to Transact Business
☐ Ai	mendment	
□ C	nange of Agent	
□ R	einstatement	
✓ C	onversion	
	erger	
□ D	ssolution/Withdrawal	
☐ Fi	ctitious Name	
<u> </u>	her	
Authorize	ed Amount: \$150.00	
Signatur	e: Uhymetaine	

F; 800.944.6607

COVER LETTER

TO:	New Filing S Division of C				
		•	evel Purchasing.	IIC	
SUBJ	ECT:		sulting Florida Limite		
Busin	ess Entity" into	s of Conversion, Artic	les of Organization iability Company'	n, and fees are submitted in accordance with s. 60	
		Danielle Teague			
		(Contact Person)			2028
					025 JAN 10 MM 9: 47
		(Firm/Company)			
		PO Box 159			
		(Address)			
		notosassa, FL 3359	2 		∀. 1:6
	-	City, State and Zip Code)			7
	·	apexinternationalsa			
E-n	nail Address: (to b	e used for future annual re	port notifications)		
For fu	rther information	on concerning this ma	tter, please call:		
	Daniell	e Teague	at (919)	884-7858 (Daytime Telephone Number	
	(Name of Conta	ct Person)	(Area Code)	(Daytime Telephone Number	n)
		or the following amou a bank located in the		ocessed by this office mi	ust be payable in US
(\$25 fo & \$125	0.00 Filing Fees or Conversion of for Articles anization)	☐\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing Found Certified Copy		s,
	Mailing Addi New Filing Sc Division of C P.O. Box 632 Tallahassee, F	ection orporations 7	N D T	treet Address: lew Filing Section hivision of Corporations he Centre of Tallahassed 415 N. Monroe Street, S	

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 Statutes.

1. The name of the "Other Business Entity" immediately: Next Level Purchasing, LLC		Conversion:	
(Enter Name of Other Business		J.	
The "Other Business Entity" is a (Enter entity type. Example: corporation, limited parts)	Limited Liability Company		
(Enter entity type. Example: corporation, limited parts	nership, general partnership, common law	ar hjusiness trūši, e	rtc.)
First organized, formed or incorporated under the laws of (Er	North Carolina		
(Er	nter state, or if a non-U.S. entity, the name	e of the country?	
on		147	
(date of organization, formation or incorporation)			
 The name of the Florida Limited Liability Company as Next Level Purchasing, LLC 		of Organization	o:
(Enter Name of Florida Limited Liability	у Сотралу)		
4. If not effective on the date of filing, enter the effective (The effective date: Cannot be prior to date of receipt of the date this document is filed by the Florida Departm Note: If the date inserted in this block does not meet the applicable of document's effective date on the Department of State's records.	or fil <mark>ed d</mark> ate nor more th <mark>an 90</mark> ca ent of Statc.)		
5. The plan of conversion has been approved in accordance	e with all applicable statutes.		
6. The "Converted or Other Business Entity" has agreed to p which such members are entitled under ss. 605.1006 and		ghts the amount t	lo

Signed this 16 day of DECEMBER 20 24 Signature of Authorized Representative of Limited Liability Company: Signature of Authorized Representative: Printed Name: Greg E. Lindburg Title: Manager Signature(s) on behalf of Other Business Entity: [See below for required signature(s)] Signature: Greg E. Lindberg Printed Name: Signature: Printed Name: ______ Title: _____ Signature: Printed Name: Signature: Printed Name:_____ Signature: Printed Name: ______ Title: ____ Signature: _ Printed Name:_____ Title: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign. If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner. If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners. All others:

Fees:

Articles of Conversion:

\$25.00

Fees for Florida Articles of Organization:

\$125.00

Certified Copy:

Signature of an authorized person.

\$30.00 (Optional)

Certificate of Status:

\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Next Level Purc	
(Must contain the words 'Limited Liab	oility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10652 Broadland Pass	Mailing Address: PO Box 159 Thereforeses El 33593
Thonotosassa, FL 33592	THORIOLOSASSA, FL 33332 03
	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another
	GLOBAL INC.
	ome
115 North Calho	oun Street, Suite 4
Florida street address (P	O. Box NOT acceptable)
Tallahassee	FL 32301
City	Zip
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet	d to accept service of process for the above stated limited d in this certificate, I hereby accept the appointment as eacity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and registered agent as provided for in Chapter 605, F.S

(CONTINUED)

`ltl <u>e:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
MGR	Greg E. Lindberg
	10652 Broadland Pass
	Thonotosassa, FL 33592
	
	co.
	(-1)
<u> </u>	
Use attachment if necessary)	
·	
Use attachment if necessary) E V: Other provisions, if any.	
E V: Other provisions, if any.	
REQUIRED SIGNATURE:	or an authorized representative of a member access with section 605.0203 (1) (b), Florida Statutes. I am aware the cument to the Department of State constitutes a third degree felo
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordan any false information submitted in a document.	was north enotion 605 0203 (1) (b) Florida Statutes. I am aware ui
Signature of a member of This document is executed in accordan any false information submitted in a doc as provided for in s.817.155, F.S.	uce with section 605.0203 (1) (b), Florida Statutes, I am aware in cument to the Department of State constitutes a third degree felo

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

ARTICLE IV-