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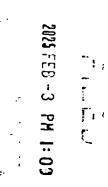
(Requestor's Name)		
(Address)		
•	,	
(Address)		
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
	-:	>
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
	-	
		
Special Instructions to	Filing Officer:	





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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: KSM Collections, Inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LLC (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Central Florida Collections & Document Services, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: O1/28/2025
(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.

2025 FEB -3 PM 1:10

Signed this 28th day of January	_20 <u></u>
Signature of Authorized Representative of Limi	
Signature of Authorized Representative: A Printed Name: 1500 5700	ATile: President
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: Nation Sylvania	Title: Vice President
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Sionature:	
Signature:Printed Name:	Title:
Signatura	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
If Florida Corporation:	Officer
Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc.	corporator must sign.
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
Signature of the General Farmer.	
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
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

The name of the Limited Liability Company is:			
Central Florida Collections & Document	Services, LLC		
(Must contain the words "Lir	mited Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address:			
The mailing address and street addres	s of the principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		

2903 Garden Road	
Eustis, FL 32726	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

ARTICLE I - Name:

Krescenda Strew	
1	Name
2903 Garden Road	
Florida street address	(P.O. Box NOT acceptable)
Eustis	FL ³²⁷²⁶
City	Zip

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)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Krescenda Strew
AMBR	Matira Shipsti 33651 Overton Dr. Lossburg J. 34788
(Use attachment if necessary)	
FICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that nent to the Department of State constitutes a third degree felony.
Тур	ped or printed name of signee Filing Fees
	f Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional	al) \$ 5.00 Certificate of Status (Optional)