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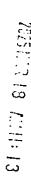
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PICK-UP	☐ WAIT	MAIL
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(1	Document Number)
Certified Copies	Certificate	s of Status
Special Instructions	to Filing Officer:	

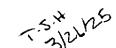
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COVER LETTER

TO:	New Filing Sec Division of Co			.·		
CTUR	A.C. Procu	rement Advisors, L.L.C				
SUB	JEC1:	(Name of Resu	lting Florida Limi	ted Comp	pany)	
The e Busin	enclosed Articles ness Entity" into a	of Conversion, Article 1 "Florida Limited Lia	es of Organizati bility Compan	on, and	fees are submitted to convert cordance with s. 605.1045, F.	an "Other S.
Pleas	e return all corre	spondence concerning	this matter to:			
Shelia	a L. Anderson			_		
		(Contact Person)				
A.C.	Procurement Advis	ors, L.L.C.		_		
		(Firm/Company)				
3702	W. Spruce St., #1	259		_		
		(Address)				
Tam	pa, FL 33607		_			
	(C	ity, State and Zip Code)				
ande	ersonshelia882@gr	nail.com		_		
E	-mail Address: (to be	used for future annual re	port notifications)			
For	further information	on concerning this ma	tter, please call:			
Shel	ia L. Anderson		_at (<u>313</u>	_)802-2		
	(Name of Conta	ct Person)	(Area Cod	e) (Day	time Telephone Number)	
Encl dolla	losed is a check fo ars and drawn on	or the following amou a bank located in the	nt: (All checks United States)	process	sed by this office must be pay	able in US
(\$25 & \$1	150.00 Filing Fees for Conversion 25 for Articles rganization)	S155.00 Filing Fees and Certificate of Status	S180.00 Filir and Certified Co		☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status	20
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee,	ection orporations 7		New Divis The C	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303	20251223-1-8-121111-1-3

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 A.C. Procurement Advisors, L.L.C.	of Conversion is:
(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 l	aw or business trust, etc.)
First organized, formed or incorporated under the laws of Michigan	 ,
(Enter state, or if a non-U.S. entity, the na	me of the country)
June 2, 2023	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Article	es of Organization:
A.C. Procurement Advisors, L.L.C.	
(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 of 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 we 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 which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	202510 2 18 7 11 11 1
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•	•	
Signed this 10	day of March	_ 20_ 25
Signature of A	Authorized Representative of Limit	ted Liability Company:
	11	
Signature of A	uthorized Representative:	With a
Printed Name:	Shelia L. Anderson	Title: Member
Signature(s) or	n behalf of Other Business Entity: [See helow for required signature(s)]
Signature:	Shelia L Anderson	
Printed Name:	Shelia L. Anderson	Title: Member
Timea Name.		
Signature:		
Printed Name:		_ Title:
_		
Signature:		
Printed Name:_		_ Title:
Signature:		to t
Printed Name:		Title:
G:		
Signature:		
Printed Name:		
Signature		
Printed Name:		Title:
If Florida Cor	poration:	
	hairman, Vice Chairman, Director, or G	Officer.
If Directors or	Officers have not been selected, an Inc	corporator must sign.
	<u>ieral Partnership or Limited Liabilit</u>	ly Partnership:
Signature of on	ne General Partner.	
	nited Partnership or Limited Liabilit	y Limited Partnership:
Signatures of A	ALL General Partners.	
All othumos		
All others:	authorized person.	
Signature of an	raudorized person.	
Fees:		
Amiola	es of Conversion:	\$25.00
		\$125.00
	or Florida Articles of Organization:	
	ed Copy: cate of Status:	\$30.00 (Optional) \$5.00 (Optional)
Септи	cate of Status.	as.oo (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION FOR ARTICLE I - Name:	K FLORIDA LAMITED LAMBIL	
The name of the Limited Liability Compar	ny is:	
A.C. Procurement Advisors, L.L.C. (Must contain the words "Limited I	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited L	Liability Company is:
Principal Office Address:	Mailing Address:	
3702 W. Spruce St. #1259	(Same)	·
Tampa, FL 33607		
ARTICLE III - Registered Agent, Registrate Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Shelia L. Anderson	n Registered Agent. Tou must designate at the	ividual or another
	Name	
3702 W. Spruce St., #1	259	
Florida street addres	s (P.O. Box NOT acceptable)	
Tampa	FL 33607	
City	Zip	
Having been named as registered agen liability company at the place design registered agent and agree to act in this statutes relating to the proper and con accept the obligations of my position	ated in this certificate, I nereny acce canacity I further agree to comply	pt the appointment as with the provisions of all Ham familiar with and
Shelin Registered Agent	l's Signature (REQUIRED)	20251
400	NTINIIED)	<u></u>
(CC	ONTINUED)	
		

Δ	RT	$\Gamma \cap \Gamma$	Ġ.	IV-

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

<u> Citle:</u>	Name and Address:	
'AMBR" = Authorized Member		
'MGR" = Manager	Shelia L. Anderson	
AMBR	4847 Pond Ridge Dr.	
	Riverview, FL 33578	
	THE VIEW, I'L 30070	
		
		<u></u> ,
LE V: Other provisions, if any.		
(Use attachment if necessary) LE V: Other provisions, if any.		
LE V: Other provisions, if any.	20	
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	an authorized representative of a meneral with section 605.0203 (1) (b), Florida Statutes, ment to the Department of State constitutes a thi	l am aware
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	an authorized representative of a mer	l am aware
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. Shelia L. Anderson	an authorized representative of a mere with section 605.0203 (1) (b), Florida Statutes, ment to the Department of State constitutes a thi	l am aware
Signature of a member or This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S. Shelia L. Anderson	an authorized representative of a menewith section 605.0203 (1) (b), Florida Statutes, ment to the Department of State constitutes a thingree of printed name of signee	l am aware
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. Shelia L. Anderson Ty	an authorized representative of a ment with section 605.0203 (1) (b). Florida Statutes, ment to the Department of State constitutes a thing ped or printed name of signee Filing Fees	I am aware rd degree fe
Signature of a member or This document is executed in accordance any false information submitted in a document is submitted in a document in a submitted in a document in submitted in submitted in a document in submitted in subm	an authorized representative of a mere with section 605.0203 (1) (b). Florida Statutes, ment to the Department of State constitutes a thing ped or printed name of signee Filing Fees of Organization and Designation of Recognition of Recognition of Recognition of Recognition of Recognition and Designation and Designatio	l am aware rd degree fe
Signature of a member or This document is executed in accordance any false information submitted in a document is provided for in s.817.155, F.S. Shelia L. Anderson Ty	an authorized representative of a ment with section 605.0203 (1) (b). Florida Statutes, ment to the Department of State constitutes a this reped or printed name of signee Filing Fees of Organization and Designation of Recognition of Recognition of Recognition of Recognition and Designation and D	I am aware rd degree fo