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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
· · · · · · · · · · · · · · · · · · ·
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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CT CORP

(850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

05/23/2025

Date:

9:1 DW

		Acc#I20160000072		
Name:	FLORIDA UT	FLORIDA UTILITY SOLUTIONS, INC.		
Document #:				
Order #:	16335042]
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of				
Apostille/Notarial Certification:		Country of Destination: Number of Certs:	25 25	<u>-</u>
Filing: 🚺	Certified: Plain: COGS:		Email Address for Annual Report No	otifications:
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$	185.00		

Thank you!

COVER LETTER

TO:	New Filing So Division of Co				
STIRT	Forida U	tility Solutions, LLC			
SUDA	r.c.r.	(Name of Res	ulting Florida Limite	ed Com	pany)
The e Busin	nclosed Articles ess Entity" into	s of Conversion, Articl a "Florida Limited Lis	es of Organization	on, and '' in ac	d fees are submitted to convert an "Othe cordance with s. 605.1045, F.S.
Please	e return all corre	espondence concerning	g this matter to:		
-	Heather E. Heb	perlein, Esq. (Contact Person)			
	Roetzel & And	dress LPA			
		(Firm/Company)			
	1375 East Nint	h Street, Suite 1000			
		(Address)			
	Cleveland, OH	44114			
	((City, State and Zip Code)		•	
	hheberlein@r	alaw.com		_	
E-1	nail Address: (to b	e used for future annual rep	port notifications)		
For fi	irther information	on concerning this ma	tter, please call:		
Hea	ither E. Heberle		_at (<u>216</u>) 2	198-0801 time Telephone Number)
	(Name of Conta	ct Person)	(Area Code)	(Day	time Telephone Number)
Enclo dollar	sed is a check f rs and drawn on	or the following amou a bank located in the	int: (All checks p United States)	rocess	sed by this office must be payable in US
(\$25 for \$12	50.00 Filing Fees or Conversion 5 for Articles anization)	☐S155.00 Filing Fees and Certificate of Status	□S180.00 Filing and Certified Cop		S\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee,	ection Corporations 17		New I Divisi The C 2415	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 massee, 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.

Florida Utility Solutions, Inc.	of the Africies of Conversion is.
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a corporation (Enter entity type. Example: corporation, limited partnership, general partnership.	and a summer law or business trust ato
	tership, common taw 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)
On March 10, 2008 (date of organization, formation or incorporation)	:: [3 ::. 5]
3. The name of the Florida Limited Liability Company as set forth in the at Florida Utility Solutions, LLC	ttached Articles of Organization:
(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 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 require document's effective date on the Department of State's records.	more than 90 calendar days after
5. The plan of conversion has been approved in accordance with all applications	ble 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 23rd day of May	20_25
Signature of Authorized Representative of Limi	ted Liability Company:
Cinney CA who is ad Barragontois. Nory Mil	chell Gilbers, Il
Signature of Authorized Representative: しゅってルロート Printed Name: Ivory Mitchell Gilbert, II	Title: President
Fillited Name, wory wherein Chock, ii	Trice
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]
Signature loory Muchell Gilbery, Il	
Signature: Nory Muchell Gilbert, Il Printed Name: Ivory Mitchell Gilbert, II	Title: President
Signature:	
Printed Name:	Title:
Signature:Printed Name:	Title
Printed (Name:	
Signature:	
Signature:Printed Name:	Title:
	
Signature:	
Signature: Printed Name:	Title:
Signature:Printed Name:	Title:
Printed Name:	Title
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	Officer. corporator must sign.
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of ALL 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

ARTICLE 1 - The name of th	e Limited Liability Company	is:	
Florida Utility So	plutions, LEC (Must contain the words "Limited Lial	nility Company "L.L.C." or "L.L.C.")	
	(Musi contain the words Entitied is a	mry company. Orbion or imally	
ARTICLE II -			
The mailing ad	dress and street address of the	principal office of the Limited	Liability Company is
Principal Offi	ce Address:	Mailing Address:	
		15275 Collier Blvd., Suite 20)1-268
15275 Collier B	lvd., Suite 201-268	10270 Comer pivo., Julie 20	
15275 Collier B	lvd., Suite 201-268	Naples, FL 34119	
Naples, FL 341	19	Naples, FL 34119	
ARTICLE III (The Limited Liabil business entity with	- Registered Agent, Registe	Naples, FL 34119 red Office, & Registered Ages registered Agent. You must designate an in	nt's Signature: adividual or another
ARTICLE III (The Limited Liabil business entity with	- Registered Agent, Registe lity Company cannot serve as its own Re h an active Florida registration.) the Florida street address of the	Naples, FL 34119 red Office, & Registered Ages registered Agent. You must designate an in	nt's Signature: adividual or another
ARTICLE III (The Limited Liabil business entity with	- Registered Agent, Registe ity Company cannot serve as its own Re h an active Florida registration.) the Florida street address of the Ivory Mitchell Gilbert, II	Naples, FL 34119 red Office, & Registered Ages registered Agent. You must designate an in	nt's Signature:
ARTICLE III (The Limited Liabil business entity with	- Registered Agent, Registe ity Company cannot serve as its own Re h an active Florida registration.) the Florida street address of the Ivory Mitchell Gilbert, II	Naples, FL 34119 red Office, & Registered Ager registered Agent. You must designate an in the registered agent are:	nt's Signature: adividual or another
ARTICLE III (The Limited Liabil business entity with	- Registered Agent, Registe lity Company cannot serve as its own Re h an active Florida registration.) the Florida street address of th lvory Mitchell Gilbert, II Na 15275 Collier Blvd., Suite 2	Naples, FL 34119 red Office, & Registered Ager registered Agent. You must designate an in the registered agent are:	nt's Signature: adividual or another
ARTICLE III (The Limited Liabil business entity with	- Registered Agent, Registe lity Company cannot serve as its own Re h an active Florida registration.) the Florida street address of th lvory Mitchell Gilbert, II Na 15275 Collier Blvd., Suite 2	Naples, FL 34119 red Office, & Registered Agei egistered Agent. You must designate an in the registered agent are: ame	nt's Signature: adividual or another

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)

	DT	110	T C	IV-
-	16 1	и.	ı.r.	I V -

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	*****
AMBR	FUS Parent, Inc.
	15275 Collier Blvd., Suite 201-268
	Naples, FL 34119
	
	
	:
(Use attachment if necessary)	72:
(, , , , , , , , , , , , , , , , , , ,	\\2:25
	, 31
CLE V: Other provisions, if any.	
<u>REQUIRED</u> SIGNATURE:	
L	
bory Mirchell Gilbert, 11	
G'	an authorized representative of a member
This dearmant is avacuted in accordance	e with section 605 0203 (1) (b). Florida Statutes, I am aware th
any false information submitted in a docu	iment to the Department of State constitutes a third degree felo
as provided for in s.817.155, F.S.	•
	(the pale member
Ivory Mitchell Gilbert, II, President of	rine sole member

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)