# L25000300595

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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W2500052656

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 17, 2025

WENDY ZIMBONE 1204 NW 69TH TERRACE SUITE A GAINESVILLE, FL 32605 US

SUBJECT: PRISMERA LLC Ref. Number: W25000052656

We have received your document for PRISMERA LLC and check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Monique K Anderson Regulatory Specialist II

Letter Number: 425A00008251

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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: PRISMERA INC
(Enter Name of Other Business Entity)
FOREIGN PROFIT CORPORATION
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
First organized, formed or incorporated under the laws of
on (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: PRISMERA LLC
(Enter Name of Florida Limited Liability Company)
03/13/2025
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 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.

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\$30.00 (Optional)

\$5.00 (Optional)

Docusion Envelope ID: AD2F7A5E-BBA2-4437-AC05-60FEB83143E2

Certified Copy:

Certificate of Status:

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company	is:
PRISMERA LLC	bility Company, "L.L.C.," or "LLC.")
(Must contain the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7901 4th St N Suite 26219	7901 4th St N Suite 26219
St. Petersburg FL 33702	St. Petersburg FL 33702
	ame
1204 NW 69th Terrace, Su Florida street address (1	P.O. Box <u>NOT</u> acceptable)
Gainesville	32605 FL
City	Zip
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as	ed to accept service of process for the above stated limited d in this certificate. I hereby accept the appointment as pacity. 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.,  3/13/2025 Signature (REQUIRED)
kegistered Agent's 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>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	ALAN RANDALL
	11627 Sweet Tangerine Lane
	Tampa, Florida 33626
MGR	PREEMINENT CONSULTING, LLC
	11627 Sweet Tangerine Lane
	Tampa, Florida 33626
(Heaptrachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary)  CLE V: Other provisions, if any.	
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CLE V: Other provisions, if any.	70 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
REQUIRED SIGNATURE:	on authorized rappasantative of a mambar
REQUIRED SIGNATURE:  Signature of a member or	an authorized representative of a member
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a docu	an authorized representative of a member
REQUIRED SIGNATURE:  Signature of a member or	SSE A

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)