

P24000006333

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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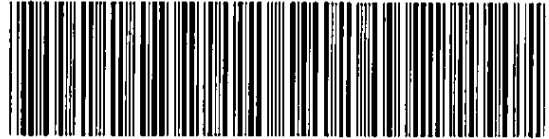
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Articles of Conversion
For
Converting Eligible Entity
Into
Florida Profit Corporation

The Articles of Conversion **and attached Articles of Incorporation** are submitted to convert the following **eligible business entity into a Florida Profit Corporation** in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:

MILLER & MERTKE CONSULTING CORP.

Enter Name of the Converting Entity

2. The converting entity is a DOMESTIC PROFIT CORPORATION

(Enter entity type. Example: limited liability company, limited partnership,
general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of MICHIGAN

(Enter state, or if a non-U.S. entity, the name of the country)

on 08/26/2019

Enter date "Converting Entity" was first organized, formed or incorporated.

3. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

MILLER & MERTKE CONSULTING CORP.

Enter Name of Florida Profit Corporation

4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.

5. If not effective on the date of filing, enter the effective date: _____.

(The effective date: Cannot be prior to nor more than 90 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.

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Signed this x 19 day of OCTOBER, 20 23.

Required Signature for Florida Profit Corporation:

Signature of Director, Officer, or, if Directors or Officers have not been selected, an Incorporator:

x Donald Miller

Printed Name: DONALD MILLER Title: PRESIDENT

Required Signature(s) on behalf of Converting Florida partnerships, limited partnerships, and limited liability companies: [See below for required signature(s).]

Signature: x Donald Miller

Printed Name: DONALD MILLER Title: PRESIDENT

Signature: x Michael Mertke

Printed Name: MICHAEL MERTKE Title: DIRECTOR/ SECRETARY/ TREASURER

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

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.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

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**ARTICLES OF INCORPORATION
FOR RESULTING FLORIDA PROFIT CORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)**

ARTICLE I NAME

The name of the corporation shall be: MILLER & MERTKE CONSULTING CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address

Mailing address, if different is:

10901 NW 12th PLACE

PLANTATION, FL 33322

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

BILLING CONSULTING SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title: DONALD MILLER , PRESIDENT

Name and Title: MICHAEL MERTKE, SECRETARY

Address: 10901 NW 12th PLACE

Address: 10901 NW 12th PLACE

PLANTATION, FL 33322

PLANTATION, FL 33322

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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ARTICLE VI REGISTERED AGENT

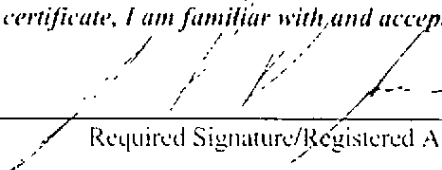
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: JAMAAL JONES

Address: 333 SE 2ND AVE, SUITE 2000

MIAMI, FLORIDA 33131

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

10/19/2023

Date

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FBI