# L18000082782

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

Office Use Only



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03/30/18--01015--009 \*\*150.00

### **COVER LETTER**

TO: New Filin Division of	g Section f Corporations		
	nce Real Estate Solutions, LL	.C	
SUBJECT:		sulting Florida Limit	ted Company)
			ion, and fees are submitted to convert an "Other y" in accordance with s. 605.1045, F.S.
Please return all c	orrespondence concernir	ng this matter to:	
Faith Spencer			
	(Contact Person)		-
Faith Spencer, P.A.			
	(Firm/Company)		-
4606 NORFOLK ISI	AND PINE DR.		
	(Address)		-
Tamarac, FL 33319			
	(City, State and Zip Code)	<del>-</del>	-
viemommy@yahoo.c	com		
E-mail Address: (	to be used for future annual re	eport notifications)	-
For further inform	nation concerning this ma	itter, please call:	
Faith Spencer		at ( <u>954</u>	)696-5108
(Name of Co	ontact Person)	(Area Code)	(Daytime Telephone Number)
	ck for the following amou on a bank located in the		processed by this office must be payable in US
\$150.00 Filing Fee (\$25 for Conversion & \$125 for Articles of Organization)	es \$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop	· ·
STREET ADDR	ESS:	MAILI	ING ADDRESS:
New Filing Section			iling Section
Division of Corpo Clifton Building	rations		on of Corporations
2661 Executive C	enter Circle		Sox 6327 assee, FL 32314

Tallahassee, FL 32301

#### **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: Faith Spencer, P.A. Plus 975
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a P.A. (Professional Corporation)
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Florida
(Enter state, or if a non-U.S. entity, the name of the country)
12/12/2016 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:
Prudence Real Estate Solutions, LLC
(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 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.

Signed this	day of March	20_18
Signature o	of Authorized Representative of Lin	nited Liability Company:
	f Authorized Representative:  f Authorized Representative:  figure: Faith Spencer	1
Signature o	f Authorized Representative:	
Printed Nan	ne: Faith Spencer	Title: Authorized Member
Signature(s	s) on hehalf of Other Business Entity:	(See below for required signature(s))
Signature:	Fall Spencer	
Printed Nan	ne: Faith Spencer	Title: President
<b>C</b> :		
Signature:		
Printed Nan	ne:	Title:
Signature:		
Printed Nan	ne:	Title:
Signature:	<del>-</del>	
Printed Nan	ne:	Title:
Signature:		
Printed Nan	ne:	Title:
Signature:		m. i
rimed Nan	ne:	Title:
	Corporation:	
Signature of	f Chairman, Vice Chairman, Director, o	r Officer.
If Directors	or Officers have not been selected, an I	ncorporator must sign.
If Florida (	Canaral Bautnarahin or Limited Light	Ray David Cont.
Signature of	General Partnership or Limited Liabi Fone General Partner.	my Partnersnip;
•		
If Florida I Signatures o	<u>Limited Partnership or Limited Liabi</u> of <u>ALL</u> General Partners.	lity Limited Partnership:
All others:		
Signature of	f an authorized person.	
Fees:		
A rti	cles of Conversion:	\$25.00
	s for Florida Articles of Organization:	\$125.00
	tified Copy:	\$30.00 (Optional)
Ceri	tificate of Status:	\$5.00 (Optional)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company	y is:
Prudence Real Estate Solutions, LLC	
(Must contain the words "Limited Lie	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7154 North University Dr.	7154 North University Dr.
Suite 200	Suite 200
Tamarae, FL 33321	Tamarac, FL 33321
Faith Spencer	ama
N	ame
7154 North University Dr. St	uite 200
Florida street address (	P.O. Box <u>NOT</u> acceptable)
Tamarac	FL 33321
City	Zip
liability company at the place designate registered agent and agree to act in this ca statutes relating to the proper and comple accept the obligations of my position as	and to accept service of process for the above stated limited and in this certificate. I hereby accept the appointment as expacity. I further agree to comply with the provisions of all ete performance of my duties, and I am familiar with and is registered agent as provided for in Chapter 605, F.S

(CONTINUED)

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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	Christopher P.Crossman
	7154 North University Dr. Suite 200
	Tamarae, FL 33321
AMBR	Faith Spencer
	7154 North University Suite 200
	Tamarac, FL 33321
(Use attachment if necessary)	
(Ose attachment if necessary)	
CLE V: Other provisions, if any.	
CEE V. Other provisions, it any.	
<del>-</del>	<del></del>
REQUIRED SIGNATURE:	1
fall s	hu-
This document is executed in accordar	or an authorized representative of a member nee with section 605.0203 (1) (b), Florida Statutes. I am aware the ocument to the Department of State constitutes a third degree felor
as provided for in \$,517,155,1.5.	
Faith Spencer	
-	Typed or printed name of signee
	Filing Cons

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)