124003/0691

(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:				

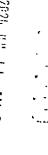
Office Use Only



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COVER LETTER

TO: New Filing So Division of Co				
SUBJECT: Tax Sens	e LLC			
30b3ECT	(Name of Res	ulting Florida Limit	ited Company)	
Business Entity" into	of Conversion, Articl a "Florida Limited Li espondence concerning	ability Company	ion, and fees are submitted to convert an "Cy" in accordance with s. 605.1045, F.S.	Other
Audra Marino				
	(Contact Person)		_	
Tax Sense LLC			_	
	(Firm/Company)			
256 Barbossa Drive			_	
	(Address)			
Sebastian, FLorida 329	958			
((City. State and Zip Code)		_	
ammarino1@verizon.n	et			
E-mail Address: (to b	e used for future annual re	port notifications)		
For further information	on concerning this ma	tter, please call:		
Audra Marino		_at (317-6444	
(Name of Conta	et Person)	at ((Daytime Telephone Number)	
	or the following amou a bank located in the		processed by this office must be payable in	US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		ລ ດ ວ
Mailing Add New Filing Son Division of Con P.O. Box 632 Tallahassee, I	ection orporations 7		Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

Articles of Conversion For

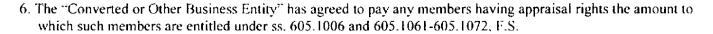
"Other Business Entity"

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: Tax Sense LLC
(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 law or business trust, etc.
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
Georgia First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
May 18, 2021 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: Tax Sense 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.



Signed this 29 day of June	_20 <u>_2</u> U
Signature of Authorized Representative of Limi	· · · · · · · · · · · · · · · · · · ·
Signature of Authorized Representative:	any Min a.
Printed Name: Audra Marino	Title: Member
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature:	_
Printed Name: Audra Marino	Title: Owner & Member
Trined (vanie, state in the same	Title.
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	T'A.
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signatura	
Signature:Printed Name:	Title:
Triffed Pulle.	1110.
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florids Comment Domestic and Limited Linkilli	A. Duntannahin.
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty rarthersuip:
orginature of one central father.	
If Florida Limited Partnership or Limited Liabilit	ty Limited Partnership:
Signatures of ALL General Partners.	
A.WI	
All others: Signature of an authorized person.	
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 II - Addi	contain the words. Lamited that	oility Company, "L.L.C.," or "LLC.")
ARTICLE II - Add		unty Company, Lat. C., or the y
The mailing address	and street address of the	principal office of the Limited Liability Company
Principal Office Ad	ldress:	Mailing Address:
256 Barbossa Drive		256 Barbossa Drive
Sebastian, FL 32958		Sebastian, FL 32958
		•
The Limited Liability Com- business entity with an act	npany cannot serve as its own Re	red Office. & Registered Agent's Signature: gistered Agent. You must designate an individual or another the registered agent are:
(The Limited Liability Com- business entity with an act	npany cannot serve as its own Re tive Florida registration.)	gistered Agent. You must designate an individual or another
(The Limited Liability Com- business entity with an act	npany cannot serve as its own Retive Florida registration.) orida street address of th Audra Marino	gistered Agent. You must designate an individual or another
(The Limited Liability Com- business entity with an act	npany cannot serve as its own Retive Florida registration.) orida street address of th Audra Marino	registered Agent. You must designate an individual or another the registered agent are:
The Limited Liability Combusiness entity with an act The name and the Flo	npany cannot serve as its own Retive Florida registration.) orida street address of th Audra Marino Na 256 Barbossa Drive	registered Agent. You must designate an individual or another the registered agent are:
(The Limited Liability Combusiness entity with an act The name and the Flo	npany cannot serve as its own Retive Florida registration.) orida street address of th Audra Marino Na 256 Barbossa Drive	egistered Agent. You must designate an individual or another the registered agent are:

(CONTINUED)

Registered Agent's Signature (REQUIRED)

A	RT		Г	W
А	ĸı	3 L . E	4 F.	ı 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	Audra Marino
ZIADI	256 Barboss Drive
	Sebastian, FL 32958
MGR	Audra Marino
	256 Barbossa Drive
	Sebastian, FL 32958
	<u></u>
	77
(Use attachment if necessary)	<i>(</i> *
(3,)	. •
	— .
CLE V: Other provisions, if any.	رين
,	
	4.
	- 3 1 22
REQUIRED SIGNATURE:	
_ Curling Y	Linno
This document is executed in accordance	r an authorized representative of a member se with section 605.0203 (1) (b), Florida Statutes. I am aware tha ument to the Department of State constitutes a third degree felor
Audra Marino	
	voed 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)