# L 250000 66784



(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Danumant Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: WZ500007569
6461

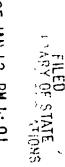
Office Use Only



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25 JAN 13 PM 4: 01



January 16, 2025

KERI MCDONNELL 410 BARLOW CT ALPHARETTA, GA 30022 US

SUBJECT: PROWESS BUSINESS SOLUTIONS LLC

Ref. Number: W25000007569

We have received your document for PROWESS BUSINESS SOLUTIONS 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):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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.

Matthew H Hitchcock Regulatory Specialist II 5 JAN 13 PH 4: 02

Letter Number: 525A00001208

## **COVER LETTER**

TO: New Filing Secti					
Division of Corp					
SUBJECT: Prowess Bu	siness Solutions LLC				
	(Name of Resu	ılting	Florida Limite	d Com	pany)
			_		I fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return all correspondent	ondence concerning	this	matter to:		
Keri McDonnell					
(0	Contact Person)				
Prowess Business Solutio	ns				
(1	Firm/Company)				
410 Barlow Ct					
	(Address)				
Alpharetta, GA 30022					
(City.	State and Zip Code)		<del></del>		
keri@prowessbusiness.co	om				
E-mail Address: (to be us	ed for future annual rep	ort no	otifications)		
For further information of	concerning this mat	ter, p	lease call:		
Keri McDonnell		at (	239	537-3	532
(Name of Contact P	erson)	_u (.	(Area Code)	(Dayt	ime Telephone Number)
Enclosed is a check for t dollars and drawn on a b	•		-	ocess	ed by this office must be payable in US
(\$25 for Conversion an	\$155.00 Filing Fees d Certificate of atus		180.00 Filing F Cenified Copy		□\$185.00 Filing Fees. Certified Copy. and Certificate of Status
Mailing Address New Filing Secti Division of Corp P.O. Box 6327	on		ī I	New F Divisio	Address: iling Section on of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

...

#### **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.

- 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 23 day of Decem	nber 20_24
Signature of Authorized Represen	tative of Limited Liability Company:
Signature of Authorized Representat Printed Name: Keri McDonnell	ive: Zuh el
	iness Entity: [See below for required signature(s)]
Signature: Zuch Jack	
Printed Name: Ker: McDonnel	Title: Mgv
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman If Directors or Officers have not been :	
If Florida General Partnership or Li Signature of one General Partner.	imited Liability Partnership:
If Florida Limited Partnership or Li Signatures of <u>ALL</u> General Partners.	mited Liability Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N							
The name of the	Limited Liability Company	'is:					
Brown on Business	o Solutions I.I.C						
Prowess Busines		ability Company, "L.L.C.," or "Ll.C.")					
`		, , , , , , , , , , , , , , , , , , , ,					
ARTICLE II - A			·				
The mailing add	ress and street address of th	e principal office of the Limited Lia	ibility Company is:				
Principal Office	e Address:	Mailing Address:					
382 NE 191st St	PMB 271788	410 Barlow Ct					
Miami, Florida 33	179-3899	Alpharetta, GA 30022					
		<del></del>	<del> </del>				
The name and th	Keri McDonnell						
	N	ame					
382 NE 191st St PMB 27		1788					
	Florida street address (	P.O. Box NOT acceptable)					
	Miami	FL 33179-3899					
	City	Zip					
liability cor registered age statutes relat	mpany at the place designate nt and agree to act in this ca ing to the proper and compl	nd to accept service of process for the ed in this certificate, I hereby accept to pacity. I further agree to comply with ete performance of my duties, and I as registered agent as provided for in the following t	the appointment as In the provisions of all Im familiar with and				

(CONTINUED)

## **ARTICLE IV-**

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	IZ. *3.4.B
MGR	Keri McDonneli
	382 NE 191st St PMB 271788
	Mami, Florida 33179-3899
	<del></del>
	<del></del>
(Use attachment if necessary)	= = = = = = = = = = = = = = = = = = =
(Ose attacmitent if necessary)	ົ້ ລ
	TO ⊒Kc
ICLE V: Other provisions, if any.	
TCLE V. Other provisions, if any.	<b>f</b> : (2)
	<u> </u>
REQUIRED SIGNATURES  Millicele	
REVOIRED SIGNATURES	
a Malle del	90
Signature of a member or	an authorized representative of a member
This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes. I am aware that
any false information submitted in a docu-	ment to the Department of State constitutes a third degree felony
as provided for in s.817.155, F.S.	
Keri McDonnell	
,	ped or printed name of signee
1.91	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)