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(Re	questor's Name)	
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PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
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	cument Number)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filina Officer:	
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Office Use Only



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Date of CERTETION

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Filing Cover Sheet

Го:	Florida	Division	of	Corporation	S
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From: LESLIE SELLERS C/O Capitol Services, Inc.

Date: 12/1/2021

Trans#: 1253049

Entity Name: ADVANTAGE PERSONNEL RESOURCES V, LLC (FL) CONVERTING

INTO ADVANTAGE PERSONNEL RESOURCES V, INC. (FL)

Articles of Incorporation ()	Articles of Amendment ()
Articles of Dissolution ()	Annual Report ()
Conversion (XXX)	Fictitious Name ()
Foreign Qualification ()	Limited Liability ()
Limited Partnership ()	Merger ()
Reinstatement ()	Withdrawal / Cancellation ()
Other ()	Partnership Registration ()

STATE FEES PREPAID WITH CHECK #2459 FOR \$113.75

PLEASE RETURN:

Certified Copy (XXX) Plain Stamped Copy ()

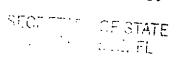
Good Standing () Certificate of Fact ()

Phone: 855-498-5500

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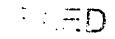
Articles of Conversion For Converting Eligible Entity Into Florida Profit Corporation



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:
Advantage Personnel Resources V. LLC
Enter Name of the Converting Entity
The converting entity is a <u>limited liability company</u> (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 Florida
(Enter state, or if a non-U.S. entity, the name of the country)
on May 1, 2017 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:
Advantage Personnel Resources V, Inc.
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.

Signed	this3()th	_day of	Novembe	:r	, 20 <u>21</u>		
Required Signature for Florida Profit Corporation:								
Signati x	are of Dir		1 , 1	f Directors or C		t been selected, a	in Incorporator	:
Printed	Name:	Kevin	Ross	Title: P	resident	-		
Requir compa	red Signa nies: [So	e belø	rw for requir	signature(s).				and limited liability
Signatu	ire: X		5	_		Managar		_
Printed	Name:_	Kevin	Ross		Title:	Manager	<u> </u>	-
Signati	ıre:				_	-		_
Printed	l Name:_				Title:			-
Signati	ıre:						<u></u>	-
Printed	l Name:_				Title:			-
Signatu	ure:	_						-
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Signate	иге:		· · · ·			<u> </u>		···
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Printed	l Name:_			<u> </u>	Title:			_
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.								
If Flor Signatu	i <mark>da Limi</mark> ures of <u>A</u>	ited Pa LL Ge	artnership o eneral Partne	r <u>Limited Liab</u> rs .	oility Limited F	Partnership:		
If Flor Signati	<u>ida Limi</u> ure of a N	ited Li ⁄Iembe	ability Com	<u>pany:</u> zed Representat	ive.			
All oth Signati		author	ized person.					
Fees:		r Florid d Cop	y:	f Incorporation	\$8.75 (0	Optional) Optional)		



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

\$500 T700 D7 STATE

ARTICLE I	NAME
The name of the	cornoration sh

The name of the corporation shall be: Advantage Personnel Resources V, Inc.

	I PRINCIPAL OFFICE		
	place of business/mailing address is:		
	Principal street address	Mailing address, if different is	:
4097 NW <u>4</u>	3rd Street, Suite A		
Gainesville	e, FL 32606		
	### PURPOSE for which the corporation is organized is:		
To conduc	t and transact any and all lawful busine	ss authorized or not prohibited by Chapter 60	7 of the
Florida Sta	atutes, as same may be amended from t	me to time.	-
		-	
ARTICLE I	V SHARES	<u> </u>	
ARTICLE I	V SHARES of shares of stock is: 100		
ARTICLE I	V SHARES of shares of stock is: 100	<u>s</u>	
ARTICLE I The number of	V SHARES of shares of stock is: 100		
ARTICLE I The number of ARTICLE	V SHARES of shares of stock is: 100 V OFFICERS AND/OR DIRECTOR	<u>s</u>	
ARTICLE I The number of ARTICLE Name and Ti	V SHARES of shares of stock is: 100 V OFFICERS AND/OR DIRECTOR tle: Kevin Ross, President/Director	S Name and Title:	
ARTICLE I The number of ARTICLE Name and Ti Address:	V SHARES of shares of stock is: 100 V OFFICERS AND/OR DIRECTOR tle: Kevin Ross, President/Director 4097 NW 43rd St., Suite A Gainesville, FL 32606	S Name and Title: Address:	
ARTICLE I The number of ARTICLE Name and Ti Address:	V SHARES of shares of stock is: 100 V OFFICERS AND/OR DIRECTOR ttle: Kevin Ross, President/Director 4097 NW 43rd St., Suite A Gainesville, FL 32606 ttle:	S Name and Title: Address: Name and Title:	
ARTICLE I The number of ARTICLE Name and Ti Address:	V SHARES of shares of stock is: 100 V OFFICERS AND/OR DIRECTOR tle: Kevin Ross, President/Director 4097 NW 43rd St., Suite A Gainesville, FL 32606	S Name and Title: Address:	
ARTICLE I The number of ARTICLE Name and Ti Address: Name and Ti	V SHARES of shares of stock is: 100 V OFFICERS AND/OR DIRECTOR tle: Kevin Ross, President/Director 4097 NW 43rd St., Suite A Gainesville, FL 32606 tle:	S Name and Title: Address: Name and Title: Address:	-
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ARTICLE I The number of ARTICLE Name and Ti Address: Name and Ti Address:	V SHARES of shares of stock is: 100 V OFFICERS AND/OR DIRECTOR tle: Kevin Ross, President/Director 4097 NW 43rd St., Suite A Gainesville, FL 32606 tle:	S Name and Title: Address: Name and Title: Address:	

The name	and Florida street address (P.O. Box NOT	Γ acceptable) of the registered agent is:
Name:	Kevin Ross	
Address:	4097 NW 43rd St., Suite A	
	Gainesville, FL 32606	
******) * * * * * * * * * * * * * * * * * * *
Having bea	en named as registered agent to accept ser cate. I am familiar with and accept the app	vice of process for the above stated corporation at the place designated in ointment as registered agent and agree to act in this capacity
9	He	11-30-21
	Required Signature/Registered Agent	Date

AND THE STATE