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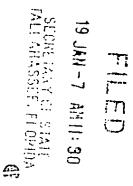
(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Dashiess Emily Hame)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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T SCHROEDER

COVER LETTER

TO:	New Filing S Division of C					
0.T.I.D.		Consulting Group, LLC				
SUB	JEC1:	(Name of Resi	ılting Flo	orida Limited (Jompany)	
The Busi	enclosed Article	es of Conversion, Articl o a "Florida Limited Lia	es of O ability (rganization, Company'' ii	and fees are subnaccordance with	nitted to convert an "Othe s. 605.1045, F.S.
Pleas	se return all cor	respondence concerning	this m	natter to:		
Dom	inick DeSarro					
-		(Contact Person)				
	, , , , , , , , , , , , , , , , , , , 	(Firm/Company)				
1200	7 Goldenrod Ave					
		(Address)				
Brad	enton, Florida 3					
		(City, State and Zip Code)				
	arro@scgservice					
E	-mail Address: (to	be used for future annual re	port noti	fications)		
For	further informa	tion concerning this ma	tter, ple	ease call:		
Dom	inick DeSarro		at (484)_	894-4637	
	(Name of Con	tact Person)		Area Code) (Daytime Telephone	Number)
Enc doll	losed is a check ars and drawn c	for the following amount a bank located in the	int: (Al United	I checks pro- States)	cessed by this offi	ce must be payable in US
(\$25 & \$1	150.00 Filing Fees for Conversion 25 for Articles rganization)	☐ \$155.00 Filing Fees and Certificate of Status		80.00 Filing Fe Certified Copy	es S185.00 Fili Certified Copy Certificate of S	, and
Nev Div Clit 266	REET ADDRE v Filing Section ision of Corpor iton Building 1 Executive Ce lahassee, FL 32	ations nter Circle		New Filir Division (P. O. Box	G ADDRESS: ng Section of Corporations : 6327 ee, 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.

1.	The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Siena Consulting Group, LLC
_	(Enter Name of Other Business Entity)
2.	The "Other Business Entity" is a
	The "Other Business Entity" is a
Fi	rst organized, formed or incorporated under the laws of
	(Enter state, or if a non-U.S. entity, the name of the country)
Ωť	December 11, 2013
٠.	(date of organization, formation or incorporation)
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
	Siena Consulting Group. LLC
_	(Enter Name of Florida Limited Liability Company)
4.	If not effective on the date of filing, enter the effective date:
(1	The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after
N	te date this document is filed by the Florida Department of State.) ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ocument'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 4 day of Jamy	20.26 19.	
Signature of Authorized Representative of Simit	ed Liability Company:	
Signature of Authorized Representative:	_ (
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]	
Signature: Printed Name: Seminick DeSarro		
Printed Name: Seminick DeSarro	Title: Authorized Member Manager	
Signature:		
Signature: Printed Name:	_ Title:	
Signature:Printed Name:		
Printed Name:	_ Title:	
Signature:Printed Name:		
Printed Name:	Title:	
Signature:Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers or Officers have not been selected, an Inc.	Officer. corporator must sign.	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:	
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	y Limited Partnership:	
All others: Signature of an authorized person.		
Fees:		SEC.
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	JAN-7 A

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Com	pany is:
Siena Consulting Group, LLC	
(Must contain the words "Limit	ed Liability Company, "L.L.C.," or "L.L.C.")
ARTICLE II - Address:	
The mailing address and street address of	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
12007 Goldenrod Avenue	12007 Goldenrod Avenue
Bradenton, Florida 34212	Bradenton, Florida 34212
business entity with an active Florida registration.) The name and the Florida street address	own Registered Agent. You must designate an individual or another of the registered agent are:
Dominick DeSarro	
	Name
12007 Goldenrod Aven	ess (P.O. Box <u>NOT</u> acceptable)
rionga street addre	iss (1.0. Box ivor acceptable)
Bradenton	FL 34212
City	Zip
liability company at the place designegistered agent and agree to act in the statutes relating to the proper and confidence accept the obligations of my position.	int and to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as is capacity. I further agree to comply with the provisions of all omplete performance of my duties, and I am familiar with and on as registered agent as provided for in Chapter 605, F.S Signature (REQUIRED)
(C	ONTINUED)
	AMIL: 90 FICOSIDA 48

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager			
AMBR	Maryann DeSarro		
	12007 Goldenrod Avenue		
	Bradenton, Florida 34212		
AMBR	Dominick DeSarro		
	12007 Goldenrod Avenue		
	Bradenton, Florida 34212	_	
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(Use attachment if necessary)		; ~1	رموس رموس
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CLE V: Other provisions, if any.	<u> </u>	ω	
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	<u> </u>		-
			_
REQUIRED SIGNATURE:			
REQUIRED SIGNATURE.			
1			
Signature of a member or a	an authorized representative of a member	_	
This document is executed in accordance to	with section 605.0203 (1) (b), Florida Statutes, I am awar	e that	
any false information submitted in a docum as provided for in s.817.155, F.S.	nent to the Department of State constitutes a third degree	felony	
Dominick DeSarro			
Typ	ped 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)