# L23 000000 4 19

(Requestor's N	ame)
(Address)	
(Address)	
(City/State/Zip/	Phone #)
PICK-UP WA	IT MAIL
(Business Enti	y Name)
(Document Nu	mber)
Certified Copies Certi	icates of Status
Special Instructions to Filing Office	en

Office Use Only



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### COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: JCR CONSULTING LLC	C	
(Na	ime of Resulting Florida Limit	ed Company)
		on, and fees are submitted to convert an "Other" in accordance with s. 605,1045, F.S.
Please return all correspondence co	oncerning this matter to:	
JOHN RIVERA		
(Contact Pers JCR CONSULTING INC	on)	
(Firm/Compa 2503B NW 72ND AVE	iny)	
(Address)		
MIAMI, FL 33122		
(City, State and Z RIVERAJ83@GMAIL.COM	ip Code)	
H-mail Address; (to be used for future	annual report notifications)	
For further information concerning	g this matter, please call:	
JOHN RIVERA	at ( <sup>305</sup>	773-5118
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following dollars and drawn on a bank locate	=	rocessed by this office must be payable in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)		
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

INHS11 (7/17)

## Articles of Conversion For

## "Other Business Entity" Into

#### Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045. Florida Statutes.
. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
(Enter Name of Other Business Entity)
The "Other Business Enuty" is a
(Enter entity type: Example: corporation, limited partnership, general partnership, common law or business trust, etc.
FIORIDA FIRST organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
02/07/2012 on
(date of organization, formation or incorporation)
The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: ICR CONSULTING LLC
(Enter Name of Florida Limited Liability Company)
01/01/2023 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
he date this document is filed by the Florida Department of State.)  Sote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the locument's effective date on the Department of State's records.
. The plan of conversion has been approved in accordance with all applicable statutes.
5. 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 20TH day of DECEM	MBER 20
Signature of Authorized Represent	tative of Limited Liability Company:
Signature of Authorized Representat	ive:
Printed Name: JOHN C RIVERA	Title: MANAGER
Signature(s) on behalf of Other Bus	iness Entity: [See below for required signature(s)]
4/	
Signature:	Title: AUTHORIZED MEMBER
Frinted Name; STEFT FAME (VOIZ	Title: AOTHORIZED MEMBER
Signature:	
Printed Name:	Title:
Signature:	T'.1
Printed Name:	Title:
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	selected, an lucorporator must sign.
   If Florida General Partnership or L	imited Liability Partnership
Signature of one General Partner.	milita Diability Farthersing.
	imited Liability Limited Partnership:
Signatures of ALL General Partners.	
All others:	
Signature of an authorized person.	
personal series and series and personal series are series and series are series and series are series are series and series are seri	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of O	<del>-</del>
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

#### ARTICLES OF ORGANIZATION FOR FLORIDAL IMITED LIABILITY COMPANY

WICLESOI	JROAMENTON FOR FEE	JANIJA LIMITED LIADIEI	II COMIANI
ARTICLE I - Na	ma:		
	imited Liability Company is:		
JCR CONSULTING	LLC ust contain the words "Limited Liability	C	
W.)	usi contain the words. Empled Liability	Company, L.L.C., or LLC.	
ARTICLE II - A	ddress:		
The mailing addre	ss and street address of the prin	ncipal office of the Limited Li	ability Company is:
D 1 1 1 1 1 2 2 2 2	. 11	A# ***	
Principal Office -	Address:	Mailing Address:	
2503B NW 72ND A	VE	2503B NW 72ND AVE	
MIAMI, FL 33122		MIAMI, FL 33122	
		·	
	Registered Agent, Registered ( Company cannot serve as its own Register		
business entity with an	active Florida registration.)	ed Agent. For must designate an indivi	unar or anomer
The name and the	Florida etraat addrage of the re-	gietarad waant arsy	
The name and the	Florida street address of the re-	gistered agent are.	
	JOHN C RIVERA		
	Name	· · ·	
	2602D NW 70ND AVE		
	2503B NW 72ND AVE	D. v. NOT	
	Florida street address (P.O.	<del></del> ,	
	MIAMI	FL <sup>33122</sup>	
	City	Zip	
•	med as registered agent and to		
	oany at the place designated in t and agree to act in this capacit		
	g to the proper and complete pe		
	ligations of my position as regi.		
		(0.50111555)	
	Registered Agent's Signa	ture (REQUIRED)	
			<b>2022</b> DEC
	(CONTINU	(ED)	<b>2</b> 0
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ARTICLE IV-			
	idress of each person au	thorized to manage and control the Limited	d Liability
Company:			
<u>Title:</u>		Name and Address:	
$\overline{\text{"AMBR"}} = \text{Aut}$	norized Member		
"MGR" = Mana	ger		
MGR	<del></del>	JOHN C RIVERA	
		2503B NW 72ND AVE MIAMI, FL 33122	
		MIAMI, FL 33122	
AMBR		STEPHANIE RUIZ	
<u></u>		2503B NW 72ND AVE	
		MIAMI, FL 33122	
			<del></del>
	<del> </del>		
(Use attachment	if necessary)		
ARTICLE V: Other pro	visions, it any.		
	<del> </del>		
<u>REQUIRED</u> SI	GNATURE:		
	<u> </u>		
			<del></del>
66			
		authorized representative of a member h section 605,0203 (1) (b), Florida Statutes, I am aw	care that
any false informa	lion submitted in a documen	t to the Department of State constitutes a third degre	e felony
as provided for it	(s.817.155, F.S.		
JOHN C RIVE	r RA		
	Typed	or printed name of signee	
		Filing Fees	
		Organization and Designation of Register	
\$ 30.00 Cert	tified Copy (Optional)	\$ 5.00 Certificate of Status (Op	ntion <b>2</b>
		•	? D <u>.</u>
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