# 60600057455

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

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SECRETARY OF STATE

T. CLINE

MAY 14 2012

**EXAMINER** 

### **COVER LETTER**

TO:	Registration Division of 0	Section Corporations				
SUBJ	ECT:	Resilire C	onsulting, LLC			
		Name of Florid	a Limited Liability Compar	ny		
Limite	nclosed Certif ed Liability Co 4403, F.S.	icate of Conversion ar ompany" into an "Oth	nd fee(s) are submitted er Business Entity" in a	to convert a Florida accordance with		
Please	return all cor	respondence concerni	ng this matter to:			
Nic	cole Nett	eton Contact Person				
		insulting, LLC Firm/Company			41	
1515	5 Poydra	s Street, Sui	ite 2340	SECRETALLAH	2912 <b>(MY</b> ) 1 1	
Neu	s Orlean	SLA 70112. City, State and Zip Code		TARY OF S	111 PH 1: 23	
E	nnette mail address: (to	eton@resiliregroup.obe used for future annual	report notification)	STATE	<b>₹3</b>	The same
For fu	rther informat	ion concerning this m	atter, please call:			
N	Nicole ame of Contact F	Nettleton Person	at ( <u>985</u> ) Area Code and Day	856-2765 ytime Telephone Number	—	
Enclos	sed is a check	for the following amo	unt:			
<b>\$25.</b>	00 Filing Fee	\$30.00 Filing Fee and Certificate of Status	\$55.00 Filing Fee and Certified Copy	\$60.00 Filing Fee, Certified Copy, and Certificate of Status		
Regist Division Clifton 2661 I	ET ADDRES ration Section on of Corpora n Building Executive Cen assee, FL 323	tions ter Circle	MAILING Registration Division of GP. O. Box 63 Tallahassee,	Section Corporations 327		

# TITO

## **Certificate of Conversion**

For

# Florida Limited Liability Company

Into

# "Other Business Entity"

This Certificate of Conversion is submitted to convert the following Florida Limited Liability Company into an "Other Business Entity" in accordance with s. 608.4403, Florida Statutes.

1. The name of the Florida Limited Liability Company converting into the "Other Business Entity" is:					
11.					
Resilire Consulting, LLC 166-5745					
Enter Name of Florida Limited Liability Company					
2. The name of the "Other Business Entity" is:					
Resilire Consulting, LLC	に に に				
Enter Name of "Other Business Entity"	3				
ASS	<b>≺</b>				
3. The "Other Business Entity" is a Limited Liability Company (1) -	MY II				
general partnership, common law or business trust, etc.)	.E.				
	P# -: 03				
	<u> </u>				
(Enter state, or if a non-U.S. entity, the name of the country)					
4. The above referenced Florida Limited Liability Company has converted into an "Other Business Entity" in compliance with Chapter 608, F.S., and the conversion complies with the statute or applicable law governing the "Other Business Entity."					
5. The plan of conversion was approved by the converting Florida Limited Liability Company in accordance with Chapter 608, F.S.					
6. If applicable, the written consent of each member who, as a result of the conversion, is now a general partner of the surviving entity was obtained pursuant to s. 608.4402(2), F.S.					
7. This conversion was effective under the laws governing the "Other Business Entity"					
on: May 8, 2012					

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8. This conversion	n shall be effective	e in Florida o	n:	May 8, 2012		
(The effective date document is filed I effective date of the	: 1) cannot be pri by the Florida Dep	or to nor more artment of Sta	than 90 da ite; <u>AND</u> 2)	ys after the date t must be the sam	e as the	· ')
9. The principal o country, or jurisdic					of the st	ate,
1515 Poydras St	reet, Suite 2340	, New Orlear	ns, LA 701	12	. <u></u> .	
10. If the "Other I business in Florida			te entity not	registered to tran	nsact	<b></b> •
a.) Appoint proceeding to enfo including any appr		the converting	g Florida lin	nited liability con	npany,	a
b.) Lists the Department of Stat	e following street are may use for pur			office the Florid	SEC TALE	7877 EM Y
Street Address:	8875 Hidden	River Parkw	/ay, Suite 3	100	AH	聖
	Tampa, FL 33637				JRY SSER	
Mailing Address:	1515 Poydra	1515 Poydras Street, Suite 2340			)F ST . FLO	PH =
	New Orleans, LA 70112				ATE RIDA	<del>2</del> 3
11. The "Other Buthe amount to which						its
Signed this	8th day of		Мау	, 20_	12	
Signature:	the signed by a M	Member or Au	thorized Re	presentative.	<del></del>	
Printed Name:	Joshua Norma	anTitle:		President		
Fees: Filing Fee: Certified Co		\$25.00 \$30.00 (Optio \$ 5.00 (Optio				