109000008347

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

Office Use Only



000141405940

01/26/09--01017--003 **155.00

FILED
2009 JAN 26 PM 2: 11
SECRETARY OF STATE
SECRETARY OF STATE

T. CLINE
JAN 2 7 2009
EXAMINER

COVER LETTER

Division of C					
SUBJECT: DSE					
	(Name of Resulting	Florida Limited (Company)	
	cate of Conversion, Au usiness Entity" into a " 08.439, F.S.				
Please return all corr	respondence concernin	g this matter to) :		
Deborah Soule Espos					
	(Contact Person)				
DSEConsulting	· <u></u>	·			
	(Firm/Company)				
10195 Windtree Blvd.		_			
	(Address)	·			<u></u>
Seminole, Florida 337	72-2012				SEC ES
	City, State and Zip Code)				ACR SE
For further informati	ion concerning this ma	tter, please call	1:		SECRETARY OF STALLAHASSEE, FLORE
Deborah Soule Espos	ito	at (727) 391-	2255	100 100 100 100 100 100 100 100 100 100
(Name of Conta	act Person)	(Area Co	de and Da	aytime Telephon	
Enclosed is a check	for the following amou	ınt:			`J#*
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$155.00 Filing Fees and Certificate of Status	\$180.00 Filinand Certified C		□\$185.00 Fill Certified Copy Certificate of \$, and
STREET ADDRES	S:	MAI	LING A	ADDRESS:	
			stration		
Division of Corporat	tions	Divis	ion of C	Corporations	

P. O. Box 6327

Tallahassee, FL 32314

Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

This Certificate 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.608.439, Florida Statutes.

1. The name of the "Other Business Entity	" immediately prior to the filing of this	s
Certificate of Conversion is: DSE Consulting	604229700013	
(Enter Name of	Other Business Entity)	
2. The "Other Business Entity" is a sole page		•
(Enter entity type. Example: corporate general partnership, com	tion, limited partnership, sole propri mon law or business trust, etc.)	etorship,
first organized, formed or incorporated und		SEC
	S. entity, the name of the country)	SECRETARY
on August 17, 2006		(7)
(Enter date "Other Business Entity" v	was first organized, formed or incorp	porated)
3. If the jurisdiction of the "Other Busines under the laws of which it is now organize	ss Entity" was changed, the state or could, formed or incorporated:	intry DATE
4. The name of the Florida Limited Liabil Articles of Organization:	ity Company as set forth in the attache	 ed
DSE Consulting		·
(Enter Name of Florida	a Limited Liability Company)	
5. If not effective on the date of filing, ent	ter the effective date:	
(The effective date: 1) cannot be prior t		te this
document is filed by the Florida Depart		
effective date listed in the attached Artic	cles of Organization, if an effective d	ate is
listed therein.)		

Page 1 of 2

Signed this 23rd day of	January	20_08	
Signature of Member or Au	thorized Representa	ative of Limited Liability C	ompany:
Signature of Member or Auth Printed Name: <u>Deborah Soule</u>			
Signature(s) on behalf of Oth			ature(s).
Signature: Delorah Su	ber san		
Printed Name: Deborah Soule	Espósito	Title: President	
Signature:			
Printed Name:		Title:	
Signature:			
Signature:Printed Name:		Title:	
Signature:			
Printed Name:		Title:	1 50 ≧
Signature:			وتتت المها سدا
Signature:Printed Name:		Title:	三 三
Signature:			26 NRY SSE
Printed Name:		Title:	ARY OF ST
If Florida Corporation: Signature of Chairman, Vice C If Directors or Officers have no			2: 11 STATE LORIDA
If Florida General Partnersh Signature of one General Partn		ty Partnership:	
If Florida Limited Partnersh Signatures of <u>ALL</u> General Pa		ty Limited Partnership:	
All others: Signature of an authorized personal statement of the statement	son.		
Fees:			
Certificate of Convers Fees for Florida Artic Certified Copy:		\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Com "LLC.")	npany," the abbreviation "L.L.C.," or the designation
ARTICLE II - Address:	
The mailing address and street addres	ss of the principal office of the Limited
Liability Company is:	
Principal Office Address:	Mailing Address:
10195 Windtree Blvd.	same
Seminole, FL 33772-2012	
	Registered Office, & Registered Agent's
Signature:	Registered Office, & Registered Agent's
Signature: The Limited Liability Company cannot serve as i	Registered Office, & Registered Agent's Registered Agent You must designate and Section 1997.
Signature:	Registered Office, & Registered Agent's Registered Agent's Registered Agent. You must designate Registered Agent. You must designate Registered Registered Agent's Registered Registere
Signature: The Limited Liability Company cannot serve as individual or another business entity with an active Florida registration	Registered Office, & Registered Agent's a lits own Registered Agent. You must designate and Registered Agent are:
Signature: The Limited Liability Company cannot serve as individual or another	Registered Office, & Registered Agent's Registered Agent You must designate and You
Signature: The Limited Liability Company cannot serve as individual or another business entity with an active Florida registration	Registered Office, & Registered Agent's Registered
Signature: The Limited Liability Company cannot serve as individual or another business entity with an active Florida registration. The name and the Florida street addresses and the Deborah Soule E	Registered Office, & Registered Agent's Registered Agent's Registered Agent You must designate REGISTARY OF STATE OF STATE REGISTER AGENT'S RE
Signature: The Limited Liability Company cannot serve as individual or another business entity with an active Florida registration. The name and the Florida street addresses and the Deborah Soule E	Registered Office, & Registered Agent's Registered Agent's Registered Agent You must designate AGENT ARY OF STATE OF STA
Signature: The Limited Liability Company cannot serve as individual or another business entity with an active Florida registration. The name and the Florida street addresses and the Deborah Soule E	Registered Office, & Registered Agent's Registered Agent's Registered Agent You must designate REGISTARY OF STATE OF STATE REGISTER AGENT'S RE
Signature: The Limited Liability Company cannot serve as individual or another business entity with an active Florida registration. The name and the Florida street addresses and the Deborah Soule E	Registered Office, & Registered Agent's Ratio own Registered Agent. You must designate Agent's Ratio own Registered Agent's Ratio own Registered Agent. You must designate Agent's Ratio own Registered Agent's Ratio own Registered Agent's Ratio own Registered Agent's Ratio own Registered Agent. You must designate Agent Agent's Ratio own Registered Agent. You must designate Agent's Ratio own Registered Agent. You must designate Agent A

above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Deborah Soule Esposito 10195 Windtree Blvd. Seminole, FL 33772-2012
TICLE V: Effective date, if other than the	(Use attachment if necessary) RE AND
e effective date: 1) cannot be prior to ument is filed by the Florida Departm	(OPTIONAL)
REQUIRED-SIGNATURE:	lo Evans
Signature of a mambar or on a	uthorized representative of a member.
(In accordance with section 608 of this document constitutes an a	3.408(3), Florida Statutes, the execution affirmation under the penalties of perjury stated herein are true.)

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)

Page 2 of 2