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(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

EFFECTIVE DATE 4 20 09



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3ECRETARY OF STATE
TALLAHASSEE. FLORIDA

D. BRUCE

APR 2 1 2009

COVER LETTER

Registration Section TO: **Division of Corporations** SUBJECT: Small Business Startup Consulting, LLC # (Name of Resulting Florida Limited Company) The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S. Please return all correspondence concerning this matter to: Jonathan Lawlor (Contact Person) Small Business Startup Consulting (Firm/Company) 500 Australian Avenue Suite 600 (Address) West Palm Beach, FL 33401 (City, State and Zip Code) For further information concerning this matter, please call: Jonathan Lawlor) 820-4868 (Name of Contact Person) (Area Code and Daytime Telephone Number) Enclosed is a check for the following amount: **☑** \$150.00 Filing Fees \$155.00 Filing Fees \$180.00 Filing Fees **□**\$185.00 Filing Fees, (\$25 for Conversion and Certificate of and Certified Copy Certified Copy, and & \$125 for Articles Status Certificate of Status of Organization) STREET ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

This Certificate 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.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this

Certificate of Conversion is:
Small Business Startup Consulting, Inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a corporation 1070011100. (Enter entity type. Example: corporation, limited partnership, sole proprietorship, 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)
(OP D)
(Enter date "Other Business Entity" was first organized, formed or incorpagited)
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Small Business Startup Consulting, LLC
(Enter Name of Florida Limited Liability Company)
5. If not effective on the date of filing, enter the effective date: 04/20/2009
(The effective date: 1) cannot be prior to nor more than 90 days after the date this
document is filed by the Florida Department of State; AND 2) must be the same as the
effective date listed in the attached Articles of Organization, if an effective date is
listed therein.)

Page 1 of 2

EFFECTIVE DATE 4 20 09

Signature of Member or Authorized Representative of Limited Liability Company: Signature of Member or Authorized Representative: Printed Name: Jonathan M. Lawlor Signature(s) on behalf of Other Business Entity: [See below for required signature(s).] Signature: Printed Name: Jonathan M. Lawlor Signature: Printed Name: Signature: Printed Name: Title: Signature: Printed Name: Title: Signature: Printed Name: Title: Signature: Printed Name: Title:			
Printed Name: Jonathan M. Lawlor Signature(s) on behalf of Other Business Entity: [See below for required signature(s).] Signature: Printed Name: Jonathan M. Lawlor Signature: Printed Name: Title: Signature: Printed Name: Title: Signature: Printed Name: Title: Title:			
Signature:			
Printed Name: Jonathan M. Lawlor Title: President Signature:			
Printed Name: Jonathan M. Lawlor Title: President Signature:			
Printed Name: Title: Signature: Title: Printed Name: Title: Signature: Title:			
Printed Name: Title: Signature: Title: Printed Name: Title: Signature: Title:			
Signature: Title:			
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Printed Name: Title:			
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Signature: Title: Title:			
Printed Name: Title:			
Signature: Title: Title:			
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer.			
If Directors or Officers have not been selected, an Incorporator must sign.			
And			
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.			
EC -			
If Florida Limited Partnership or Limited Liability Limited Partnership:			
RATE 23			
All others: Signature of an authorized person.			
Signature of all audiorized person.			
Fees:			
Certificate of Conversion: \$25.00			
Fees for Florida Articles of Organization: \$125.00			
Certified Copy: \$30.00 (Optional) Certificate of Status: \$5.00 (Optional)			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nat The name of the Li	ne: imited Liability Company	is:		
	ess Startup Consultir s "Limited Liability Company," the	ng, LLC e abbreviation "L.L.C.," or the desi	gnation	
ARTICLE II - Ad The mailing addres Liability Company	ss and street address of the	e principal office of the Lir	nited	
Principal Office A	ddress:	Mailing Address:		
500 Australian Aven West Palm Beach, F		Same		
individual or another business entity with an a	active Florida registration.) Florida street address of th Jonathan M. Lawlor	egistered Agent. You must designat ne registered agent are:	e an	
500 Australian Avenue Suite 600		A A		
	Florida street address (P.	O. Box <u>NOT</u> acceptable)	APR CREI	П
	West Palm Beach	FL 33401	20 (AR) (SSE	-
	City, S	tate, and Zip	PH Y OF	m
above stated limit hereby accept capacity. I furthe the proper and c	ed liability company at the the appointment as registe or agree to comply with the omplete performance of my gations of my position as reChapter 608,	d to accept service of process place designated in this cell pred agent and agree to act provisions of all statutes re y duties, and I am familiar y egistered agent as provided F.S. Signature (REQUIRED)	s. Figure, 22 in this elating to with and	D

(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:
Managing Member	Jonathan Lawlor 500 Australian Avenue Suite 600 West Palm Beach, FL 33401
 	
	SELERE IN PR 2
ARTICLE V: Effective date, if other than the	
document is filed by the Florida Departn	(OPTIONAL) on nor more than 90 days after the date this nent of State; <u>AND</u> 2) must be the same as Certificate of Conversion, if an effective
REQUIRED SIGNATURE:	241
	My Lawle)
Signature of a member or an a	authorized representative of a member.
of this document constitutes an a	8.408(3), Florida Statutes, the execution affirmation under the penalties of perjury stated herein are true.)
Jonathan M. Lawlor	
Typed or pr	inted 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)