# 10900043356

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

Office Use Only



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EXAMINER

## **COVER LETTER**

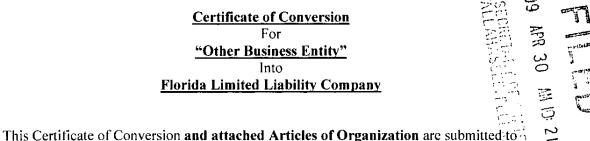
TO: Registration Section

Division of Corporations	
SUBJECT: TRIME O	ne Consulting, LLC. sulting Florida Limited Company)
	on, Articles of Organization, and fees are submitted to nto a "Florida Limited Liability Company" in
Please return all correspondence cond	eerning this matter to:
Ka-Herine Cas (Contact Person) Prime one Consu (Firm/Company)	stru
(Contact Person)	
(Firm/Company)	Inng, LLC
22219 SW 97 C	-+-
(Address)	
22219 SW 97 C (Address) Cutter Bay, FL 3 (City, State and Zip C	3190
(City, State and Zip C	Code)
For further information concerning th	is matter, please call:
Katherine Castru	at (781e) 247.951e 7 (Area Code and Daytime Telephone Number)
(Name of Contact Person)	(Area Code and Daytime Telephone Number)
Enclosed is a check for the following	amount:
\$150.00 Filing Fees \$25 for Conversion & \$125 for Articles of Organization) \$155.00 Filing and Certificate of Status	
STREET ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P. O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314

#### Florida Limited Liability Company

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: Prime one Consulting, INC.

(Enter Name of Other Business Entity) 2. The "Other Business Entity" is a <u>COPPORATION POT-51969</u> (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 FLON dec.

(Enter state, or if a non-U.S. entity, the name of the country) on 05/14/2007
(Enter date "Other Business Entity" was first organized, formed or incorporated) 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: Florida 4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Prime one Consulting LLC.

(Enter Name of Florida Limited Liability Company) 5. If not effective on the date of filing, enter the effective date: 05/14/2009 (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.)

Signed this 27 day of Ppril 2	09.		
Signature of Member or Authorized Representative of Limited Liability Company:			
Signature of Member or Authorized Representative: _ Printed Name: Kathorized Castro T	Title: Managing Homber		
Signature(s) on behalf of Other Business Entity: [See	e below for required signature(s).]		
Signature: Y. Lath - Printed Name: Celsar A. Castro T	50 9 7		
Printed Name: Celbal A. Casto T	Title: _ Manager Fi		
Signature:	S S		
Signature: T	Title:		
Signature:			
Signature: T	Title:		
Signature:			
Printed Name: T	itle:		
Signature:			
Printed Name:T	Title:		
Signature:			
Printed Name:T	Title:		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign.			
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.			
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of <u>ALL</u> General Partners.			
All others: Signature of an authorized person.			
Fees:			
Fees for Florida Articles of Organization: \$1 Certified Copy: \$3	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  Prime one consumants  (Must end with the words "Limited Liability Company," the "LLC.")	thing LLC BB 3 TT			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:  Principal Office Address:  Mailing Address:				
1 The par Office Address.	Maning Address.			
22219 SW 97C+. Cutter Bay, FL. 33190	22219 SW 97 Ct. Cutter Bay, FL 33190			

# ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another

business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Katherine Castro

22219 Sw 97 Ct.

Florida street address (P.O. Box NOT acceptable)

Cutter Bay FL 33190

City, State, and Zip

Having been named as registered agent and to accept service of process for the 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	Name and Address:	
"MGRM" = Managing Member  MGRM	Katherine Castru	
	22219.5W 99 0+.	
MGR	Cesar A. Castro 22719 SW 971 Ct Cutier Bay, FL. 33190	
	OS TO SECULO SEC	
	(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the d	ate of filing: (OPTIONAL)	
The effective date: 1) cannot be prior to nor more than 90 days after the date this ocument is filed by the Florida Department of State; <u>AND</u> 2) must be the same as ne effective date listed in the attached Certificate of Conversion, if an effective ate is listed therein.)		
REQUIRED SIGNATURE:	asto	
Signature of a member or an auth	orized representative of a member.	
of this document constitutes an affir	18(3), Florida Statutes, the execution remation under the penalties of perjury ed herein are true.)	
Katherine Castro Typed 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)