L10000096631

(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:
A. LUNT
SEP 1 5 2010

EXAMINER

Office Use Only



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COVER LETTER

Registration Section

Tallahassee, FL 32301

Division of Corporations	
	Horida Lighited Company)
The enclosed Certificate of Conversion, Articonvert an "Other Business Entity" into a "Faccordance with s. 608.439, F.S.	icles of Organization, and fees are submitted to Florida Limited Liability Company" in
Please return all correspondence concerning	this matter to:
Lietta Mayurather (Confract Person)	Camble Pro 3
A-Total Consulting (Firm/Company)	Stonb.
8740 Crestante Curel (Address)	
Orlandu, Kl 32919 (City, State and Zip Code)	STATE LONG A
Kiettagamble @ aol. E-mail Address: (to be used for future annual repo	
For further information concerning this matter	er, please call:
KieHa Mayweather 60cm	(Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount	ıt:
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\begin{align*} \text{\$155.00 Filing Fees} \\ \text{and Certificate of} \\ \text{Status} \end{align*}	□\$180.00 Filing Fees and Certified Copy □\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: 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 <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 ≥ of the second	a 🔀
Certificate of Conversion is:	
A- Total Consulting Group Corporation ?	SEP.
(Enter Name of Other Business Entity)	<u> </u>
्राह्म विकास	₹ -
2. The "Other Business Entity" is a Coron (1)	
(Enter entity type. Example: corporation, limited partnership,	S
general partnership, common law or business trust, etc.)	<u> </u>
	(0)
first organized, formed or incorporated under the laws of Flocida	
(Enter state, or if a non-U.S. entity, the name of the country)	
on 11 / 04 2004 (Enter date "Other Business Entity" was first organized, formed or incorpora	ted)
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:	
endos (Plorida)	<u>_</u> .
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:	
A-Total Consulting Group UC (Enter Name of Florida Limited Liability Company)	·
5. If not effective on the date of filing, enter the effective date:	 •
(The effective date: 1) cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State; <u>AND</u> 2) must be the same a effective date listed in the attached Articles of Organization, if an effective date is listed therein.)	as the

Signed this 7'' day of Septen voev			
Signature of Member or Authorized Represent	ative of Limited Liability	Company:	
Signature of Member or Authorized Representative Printed Name: Kicha May Cathur &	re: Kitta May	redshi (Pe	un
Signature(s) on behalf of Other Business Entity:	[See below for required si	gnature(s).]	
Signature Kitha May 2011 Son Printed Name: Kitha May 2011 60	ble		
Printed Name: Kiella may early 60	inthe: PLE		
simula of Cma weall		•	
Printed Name: Carl May beather	Title: TLE		
Signature: Naw . Now Printed Name: Trana Mayura Dar			
Printed Name: Trma Mayured Her	Title: <u>SEC</u>		
Signature:			
Printed Name:	Title:	75 74 74	
Signatura		LA.	-
Signature:Printed Name:	Title:	AHA ST	7
		sin -< -	
Signature:		The state of the s	M
Printed Name:	Title:	1 1/	O
If Florida Corporation:		20 SJ	
Signature of Chairman, Vice Chairman, Director, or			
If Directors or Officers have not been selected, an In-	corporator must sign.		
<u>If Florida General Partnership or Limited Liabili</u> Signature of one General Partner.	ty Partnership:		
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:		
All others: Signature of an authorized person,			
Fees:			
Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$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:

A-Total Consulting Group UC (Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
8740 Crestgate Circle Orlando, Pl 32819 Octando, Pl 32819 Octando, Pl 32819
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate and individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Name ST40 CYCSTO H CUCL Florida street address P.O. Box NOT acceptable) Orland FL 32819 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

(CONTINUED)
Page 1 of 2

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: (OPTIONAL) (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 Certificate of Conversion, if an effective date is listed therein.) REQUIRED SIGNATURE: Signature of a member of an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this document accordance of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) 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)

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