# 000101358

(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:

L. SELLERS

OCT 1 2 2010

**EXAMINER** 



Office Use Only



400185482284

09/20/10--01051--003 \*\*150.00



IntelliTalent Management Consulting LLC 11250 Old St. Augustine Road Ste 15 PMB222 Jacksonville, FL 32257 August 9, 2010

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

Dear Division of Corporations,

I incorporated on September 9, 2009 and paid my corporation fee at that time.

I have since realized that the S-corporation structure is not the one I should have chosen. I am submitting the change of business entity to change to a limited liability company. Since I am the only person involved in the business, sole proprietorship will be best.

Since registering, I have changed my address (to the mailing address above) and have not received any other communication regarding my corporate status. I was unaware of the annual renewal requirement and date. I received a postcard notifying me of notice of intent to dissolve.

I am changing business entity types, so hopefully this will answer the postcard I received. Thank you for your consideration.

Sincerely,

Jamara Joiner Tamara Joiner

President

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Intel: Talent Manage (Name of Resulting Florida)	gement Consulting, LLC
The enclosed Certificate of Conversion, Articles o convert an "Other Business Entity" into a "Florida accordance with s. 608.439, F.S.	
Please return all correspondence concerning this m	natter to:
Tamara Joines (Contact Person)	
(Contact Person)  Intellitatent Management Consult (Firm/Company)	ing, UC
11250 Dld St. Augustine Rd., Ste. 15	9mb272
Jacksonville, FL 32257 (City, State and Zip Code)	
For further information concerning this matter, ple	ase call:
(Name of Contact Person) at (Contact Person)	Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount:	
	0.00 Filing Fees Status  \$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 21, 2010

TAMARA JOINER 11250 OLD ST AUGUSTINE ROAD, STE. 15 PMB 222 JACKSONVILLE, FL 32257

SUBJECT: INTELLITALENT MANAGEMENT CONSULTING, LLC

Ref. Number: W10000044211

We have received your document for INTELLITALENT MANAGEMENT CONSULTING, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must submit Articles of Organization for the resulting Florida limited liability company along with the Certificate of Conversion. The Articles of Organization must be signed by a member or an authorized representative of a member.

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Organization, if any.

Sections 607.1113, 608.4403, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by a member or an authorized representative of a member. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 010A00022424

## **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.

Certificate of Conversion is:
Intellitatent Management Consulting, Inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>Corporation</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 Florida
(Enter state, or if a non-U.S. entity, the name of the country)
on 9-9-09
(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:
N A
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
IntelliTakent Management Consulting, LLC (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 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 isted therein.)

Page 1 of 2

Signed this 9th day of August	20 <u>10</u> .
Signature of Member or Authorized Representa	ntive of Limited Liability Company:
Signature of Member or Authorized Representative Printed Name: Tamara J. Joine	Title President
Signature(s) on behalf of Other Business Entity:	
Signature: Tomes Joines	
Printed Name: Tamuna Joines	Title: Tresident
Signature:Printed Name:	Title:
Signature: Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Indiana.	
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y 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:		`.
IntelliTalent Management (Must end with the words "Limited Liability	prouting L.L.C.	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Lia	bility Company is:
Principal Office Address:	Mailing Address:	
11250 Old St. Augustine Rd. Ste. 15, PMB 822 Jacksonville, FL 32257	Same as Principal	<del></del>
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)		
The name and the Florida street address of the re	gistered agent are:	
Tamara Join	nel.	
10287 Stallion R	os (P.O. Box NOT acceptable)	
Jacksmville, City, State	FL 37757	
Having been named as registered agent and to ac liability company at the place designated in th registered agent and agree to act in this capacity. statutes relating to the proper and complete per accept the obligations of my position as regist	is certificate, I hereby accept the I further agree to comply with t formance of my duties, and I am	appointment as he provisions of all familiar with and
Registered Agent's Signatur (CONTIN	re (REQUIRED)	TO OCT II PH I:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Mem	Name and Address:
MGRM - Managing Men.	Tamara Joiner 10287 Stallin Run Ct Jacksonville, FL 32057
<u>'</u>	
<del>.</del>	
EV: Effective date, if othe	r than the date of filing: (OPTIC
EV: Effective date, if othe ective date is listed, the dat lays after the date of filing	r than the date of filing: (OPTIC te must be specific and cannot be more than five business .)
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ective date is listed, the date lays after the date of filing.  REQUIRED SIGNATURE  Signature of this document of this document.	r than the date of filing: (OPTIC te must be specific and cannot be more than five business.)
LE V: Effective date, if othe ective date is listed, the date lays after the date of filing REQUIRED SIGNATURE Signature of this docu that the fact	r than the date of filing: (OPTIC te must be specific and cannot be more than five business.)  C:  C:  C:  C:  C:  C:  C:  C:  C:  C
LE V: Effective date, if othe ective date is listed, the date days after the date of filing REQUIRED SIGNATURE Signature of this docu that the fact	r than the date of filing:

ARTICLE IV- Manager(s) or Managing Member(s):