111000059153

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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05/18/11--01017--004 **150.00

11 MAY 18 AM 10: 29

CRETARY OF STATE

T. HAMPTON

M4Y 1 9 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corpo		
SUBJECT: DAC CO	NSULTING, LLC	
,	(Name of Resulting Florida Lim	ited Company)
		ation, and fees are submitted to convert an impany" in accordance with s. 608.439, F.S.
Please return all correspon	ndence concerning this matter to:	
DAIVD COURY		
(Co	ontact Person)	
DAC CONSULTING, LI		
(Fi	irm/Company)	
12980 TAMIAMI TRAIL	<u></u>	
	(Address)	
NAPLES, FL 34110		
(City, S	State and Zip Code)	
DAC@DACCONSUL		
E-mail address: (to be used for	future annual report notifications)	
For further information co	oncerning this matter, please call:	
DAVID COURY	at (239)	234-4066
(Name of Contact Per		nd Daytime Telephone Number)
Enclosed is a check for the	e following amount:	
	5.00 Filing Fees Certificate of and Certified Copy us	
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301	Registra Division P. O. Bo	NG ADDRESS: tion Section of Corporations x 6327 see, 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 Certificate of Conversion is: DAC CONSULTING, INC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a CORPORATION
(Enter entity type. Example: corporation, limited partnership, 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) $= \frac{1}{2} \sum_{i=1}^{\infty} x_i x_i$
on <u>08/30/05</u> . \S \sigma_{\text{E}}
on 08/30/05 (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:
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
DAC 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 listed therein.)
6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting the conversion.
7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is currently organized, formed or incorporated.

Signed this 16 day of MAY	20 <u>11</u>	
Individual signing offirms that the facts of	presentative of Limited Liability Company: tated in this document are true. Any false infor	mation
constitutes a third degree felony as provid	led for in s.817.155, F.S.	
Signature of Member or Authorized Repre	sentative:	
Printed Name: DAVID COURY	Title: MGRM	
Signature(s) on behalf of Other Business I	Entity: Individual(s) signing affirm(s) that the f	acts stated in
this document are true. Any false informa	tion constitutes a third degree felony as provid	ed for in
s.817.155, F.S. [See below for required sig		
Signature:		
	Title: PRESIDENT	
		
Signature:		
	Title:	
Signature:		
Printed Name:	Title:	
Signature:	Title:	
Printed Name:	Title:	
Signature:	Title:	
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
	 ,	
If Florida Corporation:		
Signature of Chairman, Vice Chairman, Dire	ctor, or Officer.	
If Directors or Officers have not been selecte		
If Florida General Partnership or Limited	Liability Partnership:	
Signature of one General Partner.		
If Florida Limited Partnership or Limited	Liability Limited Partnership:	
Signatures of ALL General Partners.		
All others:		=======================================
Signature of an authorized person.		₹
		11 MAY 18
Fees:		~
Certificate of Conversion:	\$25.00	AM 10: 29
Fees for Florida Articles of Organization:	\$125.00	
Certified Copy:	\$30.00 (Optional)	~
Certificate of Status:	\$5.00 (Optional)	ھَ
	Page 2 of 2	

11 MAY 18 AM 10: 29

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
DAC CONSULTING, LLC (Must end with the words "Limited Liability Company, the abbrev	viation "L. C." or the designation "LLC")
(Must cita with the words Elithica Elability Company, the above	Alation E.E.C., of the designation EEC.
ARTICLE II - Address:	ainel effer ef the Limited Liability Commons in
The mailing address and street address of the prin	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
12980 TAMIAMI TRAIL, STE 10	SAME
NAPLES, FL 34110	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	ed Agent. You must designate an individual or another
The name and the Florida street address of the reg	gistered agent are:
DAVID COURY	
1	Name
1575 23RD STREET	S.W.
Florida street address (F	P.O. Box <u>NOT</u> acceptable)
NAPLES	FL 34117
City, S	tate, and Zip
company at the place designated in this certificate, agree to act in this capacity. I further agree to comproper and complete performance of my duties, and position as registered agent as provided for in Chap	l I am familiar with and accept the obligations of my
Registered 718	on a Signature (REQUIRED)

Page 1 of 2

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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" = Managin	g Member	
MGRM	DAVID COURY	
	1575 23RD STREET S.W.	
	NAPLES, FL 34117	
		
	 	
		
(Use attachment if nec	essary)	
	10.1.1.1.0.00	
RTICLE V: Effective date	e, if other than the date of filing: (OPTIONAL)	
	ot be prior to nor more than 90 days after the date this	document is filed by
•	State; AND 2) must be the same as the effective date li	
	f an effective date listed therein.)	
<u>EQUIRED</u> SIGNATURE	Ĕ :	
Signature of a n	nember or an authorized representative of a member.	
_		
the penalties of perjury tha	n 608.408(3), Florida Statutes, the execution of this document constitute the facts stated herein are true. I am aware that any false information of State constitutes a third degree felony as provided for in s.817.1:	n submitted in a
DAVID CO	HRV	
טא אוז טט	Typed or printed name of signee	<u>ت</u> ۷
	-21	# 1SE
	Page 2 of 2	
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