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| Special Instructions to Filing Officer: |
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Office Use Only



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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

608.439, F.S.

| TO: | Registration of Division of | n Section Corporations | | | | | |
|--|--|--|----------------|----------------------------|--------------------------------|---|-------------|
| SUBJI | ECT: | Arrue | Consu | lting | 610 | UP LLC | |
| \ | | (Na | me of Resulti | ng Florida l | Limited C | 'ompany) | |
| | | | | | | and fees are subminy" in accordance v | |
| Please | return all co | rrespondence con | cerning this | matter to | : | | |
| E | ricko | (Contact Person onsulting (Firm/Company | د | | <u> </u> | | |
| Λ | | (Contact Person | 1) / | | | | |
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| Bo | ca Rai | ON, FL 3 | 3433 | | _ | | |
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| | , | ation concerning t | • | · | l: | | |
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| | (Name of Co | Arrue ntact Person) | aı (| (Area Co | de and Da | aytime Telephone Num | nber) |
| Enclos | ed is a check | k for the following | g amount: | | | | |
| (\$25 for & \$125 | Filing Fees Conversion for Articles nization) | \$155.00 Filing F and Certificate o Status | | 0.00 Filing Certified C | | \$185.00 Filing Fees, Certified Copy, and Certificate of Status | |
| Registr Division Clifton 2661 E | ET ADDRE ration Section on of Corpora Building executive Ce cassee, FL 33 | on rations enter Circle | | Regis Divis P. O. | stration ion of C Box 63 | Corporations | |

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2013 MAY -8 AN II: 57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

<u>Certificate of Conversion</u>

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: Arrue Consulting Group INC P13-37898 (Enter Name of Other Business Entity) |
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a <u>Corporation</u> . (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) |
| on <u>4-29-13</u> . (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: |
| Arrue Consulting Group, uc (Enter Name of Florida Limited Liability Company) |
| (Enter Name of Florida Limited Liability Company) |
| 5. If not effective on the date of filing, enter the effective date: 5-10-13. (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 30 day of ApriL | 20_13 |
| Individual signing affirms that the facts sta constitutes a third degree felony as provide | |
| Signature of Member or Authorized Represe Printed Name: Ericka Arroe | entative: |
| this document are true. Any false informati s.817.155, F.S. [See below for required sign | |
| Signature: Printed Name: FOLGUA ACCUS | Title: President |
| • | |
| Printed Name: | Title: |
| • | |
| Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |
| Signature:Printed Name: | Title: |
| Signature:Printed Name: | Title: |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Directly Directors or Officers have not been selected | |
| If Florida General Partnership or Limited Signature of one General Partner. | Liability Partnership: |
| If Florida Limited Partnership or Limited Signatures of ALL General Partners. | Liability 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) Page 2 of 2 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Lir | nited Liability Company is: | |
|---------------------|-----------------------------|--|
| _ | • | |

Arrue Consulting Group LLC

(Must end with the words "Limited Liability Company, the abbreviation "L.L.C.," or the designation "LLC.")

ARTICLE II - Address:

ARTICLE I - Name:

The mailing address and street address of the principal office of the Limited Liability Company is:

| Frincipal Office Address: | <u>Maning Address:</u> |
|---------------------------|------------------------|
| 8311 Dynasty DR | 8311 Dynasty Dr |
| BUCG RATION, FL 33433 | BOCG RATOW, FL 32433 |

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:

Name

8311 Dynasty De.

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

BOCA RATOW, FL 33433

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

| (Use attachment if necessary) RTICLE V: Effective date, if other than the date of the effective date: 1) cannot be prior to nor more | SECRETARY OF STATE SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
|---|---|--------------------|
| RTICLE V: Effective date, if other than the date of the effective date: 1) cannot be prior to nor more efformation of State; AND 2) must be determined at the effective date lister of the effective date. | SECRETARY OF STATE TALLAHASSEE, FLORIDA | AND WAY - A MIN S. |
| RTICLE V: Effective date, if other than the date of the effective date: 1) cannot be prior to nor more efformation of State; AND 2) must be determined at the effective date lister of the effective date. | SEE, FLORID | |
| The effective date: 1) cannot be prior to nor more Florida Department of State; <u>AND</u> 2) must be detective date liste | of filing: $5/10/3$ | 7 |
| EQUIRED SIGNATURE: | (OPTIONAL) The than 90 days after the date this document is filed the same as the effective date listed in the attach | |
| 1 Uh | | |
| Signature of a member or an authorized | representative of a member. | |
| | es, the execution of this document constitutes an affirmation un true. I am aware that any false information submitted in a degree felony as provided for in s.817.155, F.S.) | der |
| Ericka A | rive | |

Page 2 of 2