# L13000 162736

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		;

Office Use Only



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SECRETARY OF STATE

TILED

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T PAMPTON

### **COVER LETTER**

TO:	Registration Section
	Division of Corporations

SUBJECT: WMA Consulting LLC.

Name of Resulting Florida Limited Company)

The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.

Please return all correspondence concerning this matter to:

James Hullence
(Contact Person)
Handyman Resolutions (Firm/Company)
• • •
25587 Conifer Rd # 105323
(Address)
Conifer (0 80433
(City, State and Zip Code)
aurience por le yango.com
E-mail address: (to be used for future annual report notifications)
For further information concerning this matter, please call:

James Arience

at (<u>303</u>)

1927 - 9939

(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 Fees and Certificate of Status \$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
Tallahassee, FL 32301

#### **MAILING ADDRESS:**

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



RECEIVED

13 NOV 19 PM 4: 00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

November 5, 2013

JAMES AURIENCE 25587 CONIFER RD # 105323 CONIFER, CO 80433

SUBJECT: JMA CONSULTING LLC Ref. Number: W13000061471

We have received your document for JMA 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):

The converting Florida entity must be active on our records.

To find out the fee to reinstate your corporation please call (850) 245-6059.,

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.

Please return the corrected original and one copy of 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) 245-6051.

Tammy Hampton
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 313A00025762

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

* 1			
ARTICLE I - Name: The name of the Limited Liability Company is	:		
Must end with the words "Limited Liability Company, the abl	breviation "L.L.C.," or the designation "LLC."	<u>')</u>	
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liab	ility Company is:	
Principal Office Address:	Mailing Address:		
1520 Thorn Apple Ln Sanford, FL \$2801 Conifer CO 80433			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)			
The name and the Florida street address of the	registered agent are:		
James Aurience			
	Name		
1520 Thorn Ag	pole un		
Florida street address	s (P.O. Box <u>NOT</u> acceptable)		
	FL 32801		
City	, State, and Zip		
Having been named as registered agent and to a company at the place designated in this certifica agree to act in this capacity. I further agree to c proper and complete performance of my duties, a position as registered agent as provided for in C	te, I hereby accept the appointment comply with the provisions of all stat and I am familiar with and accept ti	as registered agent and tutes relating to the	
Annes 2	a Ourainea p.	201 TA	
→ Registered	Agent's Signature (REQUIRED)	TECRE!	
	(CONTINUED)	LE ARY C ASSEE	
	Page 1 of 2		

Title:	<u>Name</u>	and Address:	
"MGR" = Manager		······································	
"MGRM" = Managi	ng Member		
•			
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(Use attachment if n	ecessary)		
ICLE V: Effective d	late, if other than the	date of filing:(OPTIONAL)	
		r more than 90 days after the d	
		ust be the same as the effective	e date listed in the attached
ificate of Conversion	, ii an enective date	e listed therein.)	
<u>UIRED</u> SIGNATUI	DF.		
OIKED SIGNATU	NE2.		
_			
Amer	Im Our	ein be	
Signature of	a member or an autho	rized representative of a member.	
(In accordance with sect	ion 608 408(3). Florida	Statutes, the execution of this docume	ent constitutes an affirmation unde
the negalties of neriury	that the facts stated here	ein are true. I am aware that any false i	information submitted in a
are penames or perjury	mand of Ctate annealth to	s a third degree felony as provided for	in s.817.155, F.S.)
document to the Depart	ment of State constitute		
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