# L14006622883

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phon	e #)
PICK-UP WAIT	MAIL
(Business Entity Na	me)
(Document Number)	)
Certified Copies Certificate	s of Status
Special Instructions to Filing Officer:	
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Office Use Only



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# FLORIDA DEPARTMENT OF STATE Division of Corporations

January 30, 2014

JENNY FRASURE 1400 VILLAGHE SQUARE BLVD SUITE 3-132 TALLAHASSEE, FL 32312

SUBJECT: INNOVATIVE COSTING SOLUTIONS LLC

Ref. Number: W14000006224

We have received your document for INNOVATIVE COSTING SOLUTIONS 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):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

The effective date must be specific and cannot be prior to the date of filing.

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filings its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 214A00002081

### **COVER LETTER**

TO:	Registratio Division of	n Section Corporations		
SUB.	JECT: Inno	ovative Costing So	olutions LLC	
			of Resulting Florida Lim	ited Company)
"Oth	er Business E		Limited Liability Co	ation, and fees are submitted to convert an mpany" in accordance with s. 608.439, F.S.
1 1003	e retarn an ee	irespondence concern	ang tino matter to.	
Jenr	ny Harris Fra	asure		
		(Contact Person)		
Inno	vative Costir	ng Solutions,LLC		
		(Firm/Company)		
1400	) Village Sqเ	are Blvd., Suite 3-1	32	
	, <u> </u>	(Address)		
Talla	ahassee, F	L 32312		
		(City, State and Zip Code	e)	
jhfra	sure.ics@g	mail.com		
E-mai	l address: (to be	used for future annual repo	ort notifications)	
For fi	urther informa	ation concerning this r	natter, please call:	
Jenn	ıy Harris Frası	ure	at (_850)	673-1646
	(Name of Co	ntact Person)	(Area Code a	and Daytime Telephone Number)
Enclo	osed is a check	k for the following am	ount:	
(\$25 fo	00 Filing Fees for Conversion 5 for Articles ganization)	\$155.00 Filing Fees and Certificate of Status	\$180.00 Filing Fee and Certified Copy	
Regis Divis Clifto 2661	EET ADDRESTRATION Section of Corpor Building Executive Celassee, FL 33	on rations enter Circle	Registra Divisior P. O. Bo	NG ADDRESS: tion Section of Corporations ox 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.605.1045, Florida Statutes.

(Ente	er Name of Other Business Entity)
2 The "Other Rusiness Entity" is a	Foreign Limited Liability Corporation
2. The Other Business Energy is a	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorpora	ated under the laws of Delaware
on October 15, 2001	(Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or inco	orporation)
3. The name of the Florida Limited	Liability Company as set forth in the attached Articles of Organization:
Innovative Costing Solu	itions, LLC
(Enter Name of	of Florida Limited Liability Company)
4. If not effective on the date of fili	ng, enter the effective date: January 27, 2014

date listed in the attached Articles of Organization, if an effective date is listed therein.)

5. The plan of conversion has been approved in accordance with ss. 605.1041-605.1046.

(The effective date: 1) cannot be prior to date of receipt or filed date 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

Signature of Authorized Representative of Limited Liability Company:  Signature of Authorized Representative:  Printed Name: Jenny Harns Frasure  Signature(s) on behalf of Other Business Entity:   See below for required signature(s)  Signature:  Printed Name: Jenny Harns Frasure  Title: Senior Partner  Title: Signature:  Printed Name: Title:  Signature: Title: Signature:  Title: Signature: Title: Signature:  Title: Signature: Title: Signature: Title: Signature of Chairman, Vice Chairman, Director, or Officer.  If Florida Corporation:  Signature of One General Partnership or Limited Liability Partnership:  Signatures of ALL General Partners.  All others:  Signature of an authorized person.  Fees:  Articles of Conversion: \$25.00  Fees for Florida Articles of Organization: \$125.00  Certificate of Status: \$30.00 (Optional)  Certificate of Status: \$5.00 (Optional)	Signed this 27th day of January	_ 20
Signature of Authorized Representative: Title: Senior Partner  Signature(s) on behalf of Other Business Entity: [See below for required signature(s) Signature: Printed Name: Jenny Harris Frasure  Printed Name: Jenny Harris Frasure  Signature: Title: Senior Partner  Signature: Title: Signature: Signature: Title: Signature: Signature: Title: Signature: Title: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign.   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.  Fees:  Articles of Conversion: \$25.00 Fees for Florida Articles of Organization: \$125.00 Certified Copy: \$30.00 (Optional)	Singatory of Anthonical Decomposition of Limit	ted I inhility Commonly
Signature: Printed Name: Jenny Hards Frasure  Signature: Printed Name: Jenny Hards Frasure  Signature: Printed Name: Jenny Hards Frasure  Title: Signature: Printed Name: Printed Name: Printed Name: Printed Name: Title:  Signature: Printed Name: Signature: Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign.  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.  Fees:  Articles of Conversion: Fees:  Articles of Conversion: Fees:  Articles of Conversion: Signature of Signat		
Signature: Printed Name: Jenny Hards Frasure  Signature: Printed Name: Jenny Hards Frasure  Signature: Printed Name: Jenny Hards Frasure  Title: Signature: Printed Name: Printed Name: Printed Name: Printed Name: Title:  Signature: Printed Name: Signature: Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign.  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.  Fees:  Articles of Conversion: Fees:  Articles of Conversion: Fees:  Articles of Conversion: Signature of Signat	Signature of Authorized Penresentative: ()0M/	W Starm Francisco
Signature:   Senior Partner   Signature:   Senior Partner	Printed Name: Jenny Harris Frasure	Title: Senior Partner
Signature:	/ / / / / / / / / / / / / / / / / / /	Ji IIIC.
Signature:	Signature(s) on behalf of Other Business Entity: $!$	See below for required signature(s).l
Printed Name:		
Printed Name:	Signature: WIVIM SAMO TAG	inl
Signature:	Printed Name: Janny Harris Frasure	Title: Senior Partner
Signature:		
Signature:	Signature:	
Printed Name:	Printed Name:	_ Title:
Printed Name:	o	
Signature: Printed Name: 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 Officer. If Directors or Officers have not been selected, an Incorporator must sign.  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.  Fees:  Articles of Conversion: Fees for Florida Articles of Organization: S125.00 Certified Copy: S30.00 (Optional)	Signature:	Title
Printed Name:	Printed Name:	_ riue:
Printed Name:	Signature:	
Signature: Printed Name: Signature: Printed Name: Title:  Signature: Printed Name: Title:  If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign.  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.  Fees:  Articles of Conversion: Fees:  Articles of Conversion: Fees for Florida Articles of Organization: \$25.00 Certified Copy: \$30.00 (Optional)	Printed Name:	Title:
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Printed Name:	Signature:	
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Printed Name:		
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Articles of Conversion: \$25.00 Fees for Florida Articles of Organization: \$125.00 Certified Copy: \$30.00 (Optional)	Signature of an authorized person.	
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Fees for Florida Articles of Organization: \$125.00 Certified Copy: \$30.00 (Optional)	Articles of Conversion	\$25.00
Certified Copy: \$30.00 (Optional)		
	· · · · · · · · · · · · · · · · · · ·	•
Certificate of Status.		
	Commence of Status.	word (optional)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Innovative Costing Solutions LLC (Must end with the words "Limited Liability Company, the abbrev	viation "L.L.C.," or the designation "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1400 Village Square Blvd.	1400 Village Square Blvd.
Suite 3-132	Suite 3-132
Tallahassee, FL 32312	Tallahassee, FL 32312
Edward M. Tracy	Name
6323 Thomas Dr, Un	it 901
	P.O. Box <u>NOT</u> acceptable)
Panama City Beach,	
City, S	tate, and Zip
company at the place designated in this certificate, agree to act in this capacity. I further agree to com	ept service of process for the above stated limited liabilit I hereby accept the appointment as registered agent and aply with the provisions of all statutes relating to the I I am familigr with and accept the obligations of my
position as registered agent as provided for in Chaj	
E Leward.	gent's Signature (REQUIRED)
Kegisteted Ag	cur a diguature (NEQUINCE)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Membe "MGR" = Manager	r
AMBR	Costing Solutions LLC
	6323 Thomas Drive, Unit 901
	Panama City Beach, FL 32408
	No. Double
AMBR	New Day 6, Inc. 5424 Whistler Dr
	Tallahassee, FL 32317
<del></del>	
effective date is listed, the date	an the date of filing: January 27, 2014
CLE V: Effective date, if other the effective date is listed, the date of days after the date of filing.)	
CLE V: Effective date, if other th	
CLE V: Effective date, if other the effective date is listed, the date of days after the date of filing.)	must be specific and cannot be more than five business of
CLE V: Effective date, if other the effective date is listed, the date of days after the date of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	must be specific and cannot be more than five business of
CLE V: Effective date, if other the effective date is listed, the date of days after the date of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a man accordance with section 605.00	ember or an authorized representative of a member.  203 (1) (b), Florida Statutes, the execution of this document
CLE V: Effective date, if other the effective date is listed, the date of days after the date of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a moder than accordance with section 605.00 onstitutes an affirmation under the	ember or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document to penalties of perjury that the facts stated herein are true ion submitted in a document to the Department of State
CLE V: Effective date, if other the effective date is listed, the date of days after the date of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a moder that any false information and any false information.	ember or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document to penalties of perjury that the facts stated herein are true ion submitted in a document to the Department of State

**ARTICLE IV-**

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)