L140000094782

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
<i>(</i>		
(Cit	ty/State/Zip/Phone	= #)
PICK-UP	WAIT	MAIL
	siness Entity Nan	229
Certified Copies	ocument Number) Certificates	
Special Instructions to	Filing Officer:	
	FEB 1 3 2	uie
	A. LUN	rr
	<u>.</u>	

Office Use Only

300256389223

02/10/14--01046--013 **155.00

COVER LETTER

TO: Registration Division of C				
SUBJECT. EXCE	l Group Consul	ting, LLC		
SOBJECT.		of Resulting Florida Lir	nited Company)	
Business Entity" into		ability Company" i	on, and fees are submitten accordance with s. 605	
Aneika Cresp	0			
	(Contact Person)			₄ , £-
Excel Group	Consulting, LLC			~3
	(Firm/Company)			TAR DE
4831 SW 193	Lane			53 7 7
	(Address)			
SW Ranches	, Florida 33332			MINTED 10 M 38 TALLANIASSEE, FLORE
(City, State and Zip Code)			mg 3
crespomx@a	ol.com			SI SI
E-mail Address: (to l	be used for future annual re	port notifications)		
For further informati	on concerning this ma	tter, please call:		· ·
Aneika Cresp	0	at (786) 5	515-7156	
(Name of Cont	act Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check	for the following amou	int:		
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	■\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fee and Certified Copy	es \$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

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.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is: Excel Group Consulting, P.A.
(Enter Name of Other Business Entity)
(Enter Name of Other Business Entity) 2. The "Other Business Entity" is a Corporation (PA) (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 11/06/2012 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Excel Group Consulting, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: (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 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.

Signed this 5th day of February	_20_14	
Signature of Authorized Representative of Lim		
Signature of Authorized Representative: Printed Name: Aneika Crespo	Title: Managing Member	
Signature(s) on behalf of Other Business Entity:		
Signature: AE Marley, III	Title: Director	
Signature:Printed Name:	Title:	型
Signature: Printed Name:		THE REAL PROPERTY OF THE PERTY
		SSE SE
Signature: Printed Name:	Title:	
Signature:Printed Name:	Title	ORDER 19
Signature:Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In		
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ity Partnership:	
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ity Limited Partnership:	
All others: Signature of an authorized person.		
Fees:		

Page 2 of 2

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Articles of Conversion:

Certificate of Status:

Certified Copy:

Fees for Florida Articles of Organization:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

EXCEL GROUP CO	NSULTING 11 C		
	*	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - A The mailing addre		ne principal office of the Limited I	Liability Company is:
Principal Office	Address:	Mailing Address:	
4831 SW 193 Lane		4831 SW 193 Lane	
SW Ranches, Florida	33332	SW Ranches, Florida 33332	
(The Limited Liability (ered Office, & Registered Agent Registered Agent. You must designate an indi	
(The Limited Liability of business entity with an	Company cannot serve as its own In active Florida registration.) Florida street address of the Aneika Crespo	Registered Agent. You must designate an indi	ividual or another
(The Limited Liability of business entity with an	Company cannot serve as its own In active Florida registration.) Florida street address of the Aneika Crespo	Registered Agent. You must designate an ind	ividual or another
(The Limited Liability of business entity with an	Company cannot serve as its own In active Florida registration.) Florida street address of the Aneika Crespo	Registered Agent. You must designate an indi	ividual or another
(The Limited Liability of business entity with an	Company cannot serve as its own In active Florida registration.) Florida street address of Aneika Crespo A831 SW 193 Lane	Registered Agent. You must designate an indi	2014FEB 10 PH SECRETARY OF
(The Limited Liability of business entity with an	Company cannot serve as its own In active Florida registration.) Florida street address of Aneika Crespo A831 SW 193 Lane	Registered Agent. You must designate an inditathe registered agent are: Jame P.O. Box NOT acceptable)	2014 FEB 10 PH 3: SECRETARY OF STA
(The Limited Liability of business entity with an	Company cannot serve as its own In active Florida registration.) Florida street address of the Aneika Crespo Aneika Crespo A831 SW 193 Lane Florida street address (Registered Agent. You must designate an inditate the registered agent are:	2014FEB 10 PH SECRETARY OF

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR / AMBR	Aneika Crespo
·	4831 SW 193 Lane
	SW Ranches, Florida 33332
	. 12
	P.O.
	ALL HASS
	
	- me
	70
	32
(Use attachment if necessary)	
ffective date is listed, the date must	e date of filing: (OPTIONAL be specific and cannot be more than five business da
ffective date is listed, the date must days after the date of filing.)	be specific and cannot be more than five business da
ffective date is listed, the date must days after the date of filing.)	be specific and cannot be more than five business da
ffective date is listed, the date must days after the date of filing.) CLE VI: Other provisions, if any.	be specific and cannot be more than five business da
ffective date is listed, the date must days after the date of filing.)	be specific and cannot be more than five business da
ffective date is listed, the date must days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	be specific and cannot be more than five business da
ffective date is listed, the date must days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member	be specific and cannot be more than five business da
ffective date is listed, the date must days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member accordance with section 605.0203 (er or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document
rective date is listed, the date must days after the date of filing.) The VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member accordance with section 605.0203 (institutes an affirmation under the per	be specific and cannot be more than five business da
REQUIRED SIGNATURE: Signature of a member accordance with section 605.0203 (nstitutes an affirmation under the permaware that any false information signature of signature of a member aware that any false information signature of signature	er or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document halties of perjury that the facts stated herein are true, ubmitted in a document to the Department of State
REQUIRED SIGNATURE: Signature of a member accordance with section 605.0203 (nstitutes a third degree felony as provinced in the provision of the provinced in the permanent of the permanent accordance with section sinstitutes a third degree felony as provinced in the permanent of the permanent	er or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document halties of perjury that the facts stated herein are true, ubmitted in a document to the Department of State
REQUIRED SIGNATURE: Signature of a member accordance with section 605.0203 (nstitutes an affirmation under the permaware that any false information sinstitutes a third degree felony as proven the permaware that any false information sinstitutes a third degree felony as proven the permaware that any false information sinstitutes a third degree felony as proven the permaware that any false information sinstitutes a third degree felony as proven the permaware that any false information sinstitutes a third degree felony as proven the permaware that any false information sinstitutes a third degree felony as proven the permaware that any false information sinstitutes a third degree felony as proven the permaware that any false information sinstitutes a third degree felony as proven the permaware that any false information sinstitutes a third degree felony as proven the permaware that any false information sinstitutes a third degree felony as proven the permaware that any false information sinstitutes a third degree felony as proven the permaware that any false information sinstitutes a third degree felony as proven the permaware that any false information sinstitutes a third degree felony as proven the permaware that any false information sinstitutes a third degree felony as proven the permaware that any false information sinstitutes are the permaware that any false information sinstitutes a third degree felony as proven the permaware that any false information sinstitutes are the permaware that any false informa	er or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document halties of perjury that the facts stated herein are true, ubmitted in a document to the Department of State vided for in s.817.155, F.S.)
REQUIRED SIGNATURE: Signature of a member	er or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document halties of perjury that the facts stated herein are true, ubmitted in a document to the Department of State
REQUIRED SIGNATURE: Signature of a member	er or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document halties of perjury that the facts stated herein are true, ubmitted in a document to the Department of State vided for in s.817.155, F.S.)
REQUIRED SIGNATURE: Signature of a member of member of a member o	er or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document halties of perjury that the facts stated herein are true, ubmitted in a document to the Department of State vided for in s.817.155, F.S.)
REQUIRED SIGNATURE: Signature of a member	er or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are true. ubmitted in a document to the Department of State vided for in s.817.155, F.S.) Typed or printed name of signee of Organization and Designation
REQUIRED SIGNATURE: Signature of a member of member of a member o	er or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document halties of perjury that the facts stated herein are true, ubmitted in a document to the Department of State wided for in s.817.155, F.S.) Typed or printed name of signee of Organization and Designation mal)

ARTICLE IV-

FLORIDA DEPARTMENT OF STATE



Detail by Entity Name

Florida Profit Corporation

EXCEL GROUP CONSULTING, P.A.

Filing Information

Document Number

P12000093229

FEI/EIN Number

46-1306396

Date Filed

11/06/2012

State

FL

Status

ACTIVE

Principal Address

20170 PINES BLVD., STE 109 PEMBROKE PINES, FL 33029

Mailing Address

20170 PINES BLVD., STE 109 PEMBROKE PINES, FL 33029

Registered Agent Name & Address

JEFFREY, DOUGLAS JESQ 6625 MIAMI LAKES DRIVE, STE 379 MIAMI LAKES, FL 33014

Officer/Director Detail

Name & Address

Title D

MARLEY, FRANK EIII,ESQ 20170 PINES BLVD., STE 109 PEMBROKE PINES, FL 33029

Annual Reports

Report Year

Filed Date

2013

04/26/2013

<u>Copyright</u> © and <u>Privacy Policies</u> State of Florida, Department of State Detail by Entity Name

04/26/2013 ANNUAL REPORT	View image in PDF format
1/06/2012 Domestic Profit	View image in PDF format
_	
	•