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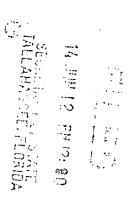
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filips Officer
Special Instructions to Filing Officer:
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Office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



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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 30, 2014

ANNE BERGEVIN 4225 AUGUSTA TERRACE EAST BRADENTON, FL 34203

SUBJECT: ANNE MARIE BERGEVIN CONSULTANCY, LLC

Ref. Number: W14000033613

We have received your document for ANNE MARIE BERGEVIN CONSULTANCY, 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 effective date must be specific and cannot be prior to the date of filing.

The document must be signed by a chairman, vice chairman, director, officer, or an incorporator, if directors or officers have not been selected.

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: 014A00011633

COVER LETTER

TO:	Registration S Division of C					
SUBJ	ECT: Anne M	larie Bergevin Cons	ultancy, LLC			
20110			of Resulting Florid	a Limite	ed Company)	
					nd fees are submitted to concordance with s. 605.104	
Please	return all corre	espondence concernin	g this matter to:			
Anne	Marie Berge	vin .				
		(Contact Person)		_		
Anne	Marie Bergev	in Consultancy, LL0				
	· · · · · · · · · · · · · · · · · · ·	(Firm/Company)		_		
4225	Augusta Terr	ace East				
		(Address)		_		
Brade	enton, FL 342	03				
	((City, State and Zip Code)		-		
aberg	gevin@verizor	•				
E-n	nail Address: (to b	e used for future annual re	port notifications)	_		
For fi	uthau infamasti	on concerning this man	ttan mlaaga aalli			
		on concerning this ma	•			
Anne	Marie Berge		_at (<u>941</u>	_)755	-5691	
	(Name of Conta	ct Person)	(Area Code) (Day	ytime Telephone Number)	
Enclo	sed is a check f	or the following amou	nt:			
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles unization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Co	-	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STRE	ET ADDRES	S:	MAIL	JNG A	ADDRESS:	
	tration Section				Section	
	on of Corporati	ions			Corporations	
	n Building	Cinala		30x 63		
∠001 I	Executive Cent	er Circie	i alian	assee,	FL 32314	

Tallahassee, FL 32301

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization 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" in Anne Marie Bergevin Consultancy, LLC	nmediately prior to the filing of the Artic	les of Conve	ersion is:	
(Enter Name of O	ther Business Entity)	- -		
2. The "Other Business Entity" is a Limited L	iability Company			
(Enter entity)	type. Example: corporation, limited partnership artnership, common law or business trust, etc.)	,		
First organized, formed or incorporated under t	the laws of Indiana			
n 11/2010	(Enter state, or if a non-U.S. entity, the	a name of the c	ountry)	
(date of organization, formation or incorporation)	•			
3. The name of the Florida Limited Liability C Anne Marie Bergevin Consultancy, LLC	Company as set forth in the attached Art	icles of Org	anization:	:
(Enter Name of Florida Lin	nited Liability Company)			
4. If not effective on the date of filing, enter th (The effective date: 1) cannot be prior to da date this document is filed by the Florida De date listed in the attached Articles of Organi	te of receipt or filed date nor more that partment of State; <u>AND</u> 2) must be th	in 90 days a e same as th		e
5. The plan of conversion has been approved in	accordance with ss. 605.1041-605.1046			
	Page 1 of 2	TALLAHASS	14 11 11 12	<i>.</i>

Signed this 19th day of May	2014 .	
Signature of Authorized Representative of Lim	ited Liability Company:	
Signature of Authorized Representative: QUALLO Printed Name: Anne Marie Bergevin	Marie Plegens Title ORGA DI ZER/AUTI	YORIZED MEMB
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s).]	I
Signature: Durie Ware Serger in	Title: MANAGING HEMB	ĒR
Signature:		
Signature: Printed Name:	Title:	-
Signature:		
Signature: Printed Name:	Title:	
Signature:		
Signature: Printed Name:	Title:	
Signature:		
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 In-	corporator must sign.	
If Florida General Partnership or Limited Liabili	ty Partnershin:	
Signature of one General Partner.		
If Florida Limited Partnership or Limited Liabili	ty Limited Partnershin:	
Signatures of ALL General Partners.		O ₅
All others:		ALLE Section
Signature of an authorized person.		The same state of the same sta
Fees:		
Articles of Conversion:	\$25.00	
Fees for Florida Articles of Organization:	\$125.00	1000
Certified Copy: Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)	DE S

ARTÍCLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Anne Marie Bergevin Consultancy, LLC	
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ADDICE DIE ALL	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
	and a superior of the annual and the superior to
Principal Office Address:	Mailing Address:
4225 Augusta Terrace East	4225 Augusta Terrace East
Bradenton, FL 34203	Bradenton, FL 34203
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registre business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
ANNE MARIE BE	SRGEVIN)
ANNE MARIE BE	5,000
4225 AUGUST	
Florida street address (P.O.	
BRADENTON City	FL <u>54005</u>
City	Zip
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S
Registered Agent's Signa	ature (REQUIRED)
(CONTINU	JED)
Page 1 of	,
1 agt I UI	# Programme

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
AMBR	Anne Marie Bergevin	_
	4225 Augusta Terrace East	_
	Bradenton, FL 34203	

		_
		_
		_
effective date is listed, the date must	e date of filings UPON FILING. (OPTI be specific and cannot be more than five busin	
CLE V: Effective date, if other than the		
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.) CLE VI: Other provisions, if any.		
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	be specific and cannot be more than five busin	
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CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member 1 accordance with section 605.0203 (1)	r or an authorized representative of a member)	r.
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of a	r or an authorized representative of a member of this document of the statutes of the statutes of the statutes of the statutes of perjury that the facts stated herein are the	r. Simentiae.
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of a	r or an authorized representative of a member of (b), Florida Statutes, the execution of this document to the Department of Statuted in a document to the	r. Imentie.
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of a	r or an authorized representative of a member of perjury that the facts stated herein are trubmitted in a document to the Department of Statided for in s.817.155, F.S.)	r. Imentie.
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of a	r or an authorized representative of a member of perjury that the facts stated herein are trubmitted in a document to the Department of Statided for in s.817.155, F.S.)	r. Simentiae.

Page 2 of 2

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