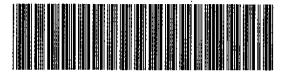
# 114000107714

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

Office Use Only



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JUL 08 2014 D.BRUCE

### **COVER LETTER**

TO: Registration : Division of C						
SUBJECT: Vantix	Consulting Services,	LLC				
	(Name	of Resulting Florida	Limited	d Company)	•	
				d fees are submitted to cocordance with s. 605.10		"Other
Please return all corr	respondence concerning	g this matter to:				
Jennifer V. Sparks	•					
	(Contact Person)					
Vantix Consulting	Services, LLC					
	(Firm/Company)					
2624 N. Dundee S	treet					
	(Address)	, <del></del>			4 · · · ·	nia.
Tampa, FL 33629	,				المنظم المنظ منظم المنظم	MH JUL -7
	City, State and Zip Code)				2.1	$\equiv$
jennifer.sparks@v					55 E	-7
E-mail Address: (to	be used for future annual re	port notifications)			20 G	<u></u>
For further informat	ion concerning this ma	tter, please call:			1000	PH 12: 59
Aam J. McKay, CF	PA	_at (813	) <mark>286-</mark>	7946		59
(Name of Cont	act Person)	(Area Code)	(Day	rtime 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 and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status		
STREET ADDRES	<b>6S:</b>	MAIL	NG A	ADDRESS:		
Registration Section		Registr				
Division of Corpora	tions			Corporations		
Clifton Building 2661 Executive Cen	ton Cinala	P. O. B		27 FL 32314		
Tallahassee, FL 323		i attalla	3300, 1	1 <u>1 141</u> 17		

INHS11 (02/14)

# **Articles of Conversion**

For

## "Other Business Entity"

Into

## Florida Limited Liability Company

The Articles 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.

	The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: antix Consulting Services, Inc.
	(Enter Name of Other Business Entity)
2.	The "Other Business Entity" is a Corporation Phonogenesis Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
Fi	rst organized, formed or incorporated under the laws of
on	Sentember 24, 2012 (Enter state, or it a non-U.S. entity, the name of the country)
OII	(date of organization, formation or incorporation)
	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: antix Consulting Services, LLC
	(Enter Name of Florida Limited Liability Company)
	(Enter Name of Profita Entitled Elability Company)
	If not effective on the date of filing, enter the effective date:
(T da	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 late this document is filed by the Florida Department of State; AND 2) must be the same as the effective ate listed in the attached Articles of Organization, if an effective date is listed therein.)
(T da da	The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the late this document is filed by the Florida Department of State; AND 2) must be the same as the effective



Signed this 27th day of June	20
Signature of Authorized Representative of	
Signature of Authorized Representative:	Row Should
Printed Name: Ronnie L. Sparks	Title: President
Timed Name. Norwino E. Openio	Title.
Signature(s) on behalf of Other Business Ent	
simmer has al haute	
Signature: Mywe f, hww Printed Name: Ronnie L. Sparks	Title: Officer / President
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	m: d
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Cormovation.	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director	or, or Officer.
If Directors or Officers have not been selected,	
If Florida General Partnership or Limited Li Signature of one General Partner.	iability Partnership;
Signature of one General Farmer.	
If Florida Limited Partnership or Limited Li	iability Limited Partnership:
Signatures of ALL General Partners.	
All others:	
Signature of an authorized person.	

Fees:

Articles of Conversion:

Certificate of Status:

Fees for Florida Articles of Organization: Certified Copy: 2011 JUL -7 PM 12: 59

\$25.00

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Vantix Consulting Services, LLC  (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")  ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:  Principal Office Address:  Mailing Address:  2624 N. Dundee Street Tampa, FL 33629  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:  Nelson & McKay CPA's, LLC Name  5415 Mariner Street, Ste 211 Florida street address (P.O. Box NOT acceptable)  Tampa FL 33609 City Zip
The mailing address and street address of the principal office of the Limited Liability Company is:  Principal Office Address:  2624 N. Dundee Street  Tampa, FL 33629  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:  Nelson & McKay CPA's, LLC  Name  5415 Mariner Street, Ste 211  Florida street address (P.O. Box NOT acceptable)  Tampa  FL 33609
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5415 Mariner Street, Ste 211  Florida street address (P.O. Box NOT acceptable)  Tampa  FL 33609
Florida street address (P.O. Box <u>NOT</u> acceptable)  Tampa FL 33609
Tampa FL 33609
City 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 605, F.S  Registered Agent's Signature (REQUIRED) FOR NEWS Signature (CONTINUED)  Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Ronnie L. Sparks
MGR	2624 N. Dundee Street
	Tampa, FL 33629
	1011pa, 1 2 00020
•	
(Use attachment if necessary)  CLE V: Effective date, if other than t effective date is listed, the date must	he date of filing: (OPTIONAL st be specific and cannot be more than five business da
CLE V: Effective date, if other than t	he date of filing: (OPTIONAL st be specific and cannot be more than five business da
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CLE V: Effective date, if other than t effective date is listed, the date must days after the date of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of signature of signatu	L. Multiple of a member.
CLE V: Effective date, if other than t effective date is listed, the date must days after the date of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of a member of the control	ber or an authorized representative of a member.  (1) (b), Florida Statutes, the execution of this document
CLE V: Effective date, if other than t effective date is listed, the date must days after the date of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of a member of the content of the performance of th	per or an authorized representative of a member.  (1) (b), Florida Statutes, the execution of this document enalties of perjury that the facts stated herein are true.
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of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)
Page 2 of 2