# L14000115346

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

Office Use Only



700261648417

07/22/14--01026--009 \*\*5.00

06/26/14--01002--019 \*\*150.00







July 17, 2014

Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

To whom it may concern,

On 06/23/2014 I submitted an application to the State of Florida to convert my LLC to a Florida LLC. On 07/17/2014 I contacted your office and was informed that the application was not processed due to a date issue. I informed the call taker that I had never been notified of the issue and he informed me that a letter was sent out on 06/26/2014 which I have never received.

I was instructed to change the date and resubmit the application which is enclosed. I have also changed the cover letter to now indicate that I would also like a Certificate of Status and a check in the amount of \$5.00 is enclosed for the additional fee.

If there is any issue, please contact me as soon as possible as I am not able to proceed with business until this is processed.

Regards,

James Jeselun President

#### **COVER LETTER**

Registration Section TO: Division of Corporations SUBJECT: ADIANT SOLUTIONS, LLC (Name of Resulting Florida Limited Company) The enclosed Articles 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. 605.1045, F.S. Please return all correspondence concerning this matter to: JAMES JESELUN (Contact Person) ADIANT SOLUTIONS, LLC (Firm/Company) 1749 NE 10 TER STE 1 (Address) CAPE CORAL, FL 33909 (City, State and Zip Code) jim@adiant-solutions.com E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call: JAMES JSELUN (Name of Contact Person) (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount: ■ \$150.00 Filing Fees □\$155.00 Filing Fees □\$180.00 Filing Fees □\$185.00 Filing Fees, (\$25 for Conversion and Certificate of and Certified Copy Certified Copy, and & \$125 for Articles Status Certificate of Status of Organization) **MAILING ADDRESS:** STREET ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

### **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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion	is:
ADIANT SOLUTIONS, LLC .	
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a LIMITED LIABILITY CORPORATION.	
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	
First organized, formed or incorporated under the laws of ARIZONA	
06/23/2010 (Enter state, or if a non-U.S. entity, the name of the country	)
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organiza	tion:
ADIANT SOLUTIONS, LLC	
(Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date: 07/23/2014 ) (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 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.	

Page 1 of 2

Signed this 23 day of JUNE	_ 20 <u>_ 14</u>			
Signature of Authorized Representative of Limited Liability Company:				
Signature of Authorized Representative.  Printed Name: JAMES JESELUN	Title: PRESIDENT			
Signature(s) on behalf of Other Business Entity:	See below for required signature(s).]	,		
Signature: MM & D. Printed Name: JAMES JESELUN	Title: PRESIDENT			
Signature:Printed Name:	Title:			
Signature: Printed Name:				
Signature: Printed Name:				
Signature: Printed Name:		•		
Signature: Printed Name:		•		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	Officer.			
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:			
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	ty Limited Partnership:	-Sil.		
All others: Signature of an authorized person.				
Fees:		122	دوس سپورم د ان	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	PH 2:59	A SECTION OF THE SECT	

Title:	Name and Address:	
"AMBR" = Authorized Member	trame and Address:	
"MGR" = Manager		
MMGR	JAMES JESELUN	
	1749 NE 10 TER STE 1	
	CAPE CORAL, FL 33909	
MMCD	MADEN ROCKINI	
MMGR	KAREN JESELUN 1749 NE 10 TER STE1	
	CAPE CORAL, FL 33909	
	CALE GOTAL, 12 33303	
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ARTICLE IV-

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	s:	
ADIANT SOLUTIONS, LL (Must end with the words "Limited Liab		<del></del>
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	
1749 NE 10 TER  SUITE 1  CAPE CORAL FL 33909  ARTICLE III - Registered Agent, Registered Limited Liability Company cannot serve as its own Registeries business entity with an active Florida registration.)	istered Agent. You must designate an ind	t's Signature:
The name and the Florida street address of the	registered agent are:	;
JAMES JE	SELUN	egy land manage
Nan	ne	14 JUL 27
1749 NE 10 T	TER STE 1	~ ~
Florida street address (P.	O. Box NOT acceptable)	
CAPE CORAL	FL 33909	
City	Zip	2: 59
Having been named as registered agent and	to accept service of process for	the above stated limited

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..

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)