L14000158807

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	



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SECRETARY OF STAT

Office Use Only

214-59868

OCT 1 0 2014 T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: HARVYST CONSULTING PARTNERS (Name of Resulting Florida Limited Company)
(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:
FREDERICK J. CARLSON (Contact Person)
HARNYST CONSULTING PARTNERS (Firm/Company)
420 COMMODORE POINT READ
(Address)
DESTIN, FL 32541
(City, State and Zip Code)
RCARLSON@HARVYSTCONSULTING. COM
E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
FREDERICK J. CARLSON at (404) 863. 2265 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
\$150.00 Filing Fees (\$25 for Conversion and Certificate of Status Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 1, 2014

FREDERICK J CARLSON 420 COMMODORE POINT RD DESTIN, FL 32541

SUBJECT: HARVYST CONSULTING PARTNERS, LLC

Ref. Number: W14000059868

We have received your document for HARVYST CONSULTING PARTNERS, 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):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

Please return 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.

Tammy Hampton Regulatory Specialist III

Letter Number: 114A00021003

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 Enti HARVYST C (Enter Nam	ity" immediately prior to t	he filing of the Article	s of Conversion is: WIMED IN GEORGIA
(Enter Nam	ne of Other Business Entity)		
2. The "Other Business Entity" is a(Enter ge	LINITED LIABILITY r entity type. Example: corpora meral partnership, common law	ation, limited partnership, or business trust, etc.)	EIN# 46-2114791
First organized, formed or incorporated u	ander the laws of	GEORGIA or if a non-U.S. entity, the	name of the country)
on AUGUST 22, 2012 (date of organization, formation or incorpora	ation)	of the hon-old, charty, the	mane of the country)
3. The name of the Florida Limited Liab	oility Company as set forth	in the attached Artic	cles of Organization:
HARNYST CONSULTIN	VL PALTNERS, CLC	, -	
(Enter Name of Flor	rida Limited Liability Company	y)	
4. If not effective on the date of filing, e	nter the effective date:		
(The effective date: 1) cannot be prior date this document is filed by the Flori date listed in the attached Articles of C	ida Department of State;	AND 2) must be the	same as the effective
5. The plan of conversion has been appro	oved in accordance with al	l applicable statutes.	
	Page 1 of 2		

14 OCT -9 PH 3: 05
SECRETARY OF STATE
TAIL AHASSEE, FLORIDA

Signed this 23 day of SEPTEMBER	_20 <u>14</u>
Signature of Authorized Representative of Limi	
Signature of Authorized Representative: Printed Name: FREDERICA J. CARLSON	Title: PRESIDENT
Signature(s) on Behalf of Other Business Entity:	See below for required signature(s).]
Signature: Left Device J. CARLSON	Title: KS/DEN
	•
Signature: Printed Name:	Title
Fittited Ivaine.	
Signature:	
Signature: Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of If Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

Page 2 of 2

4 OCT -9 PM 3: 05
ECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liab	ility Company is:					
HARYUST CO	INSUMING PAR	GREKS.	UC			
(Must end with the	words "Limited Liability	v Company, "L.	.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street	t address of the pri	ncipal offic	e of the Limited l	Liability C	Compa	any is:
Principal Office Address:		Mailing A	ddress:			
420 COMMODORE TO DESTIN, FL 32541	POINT ROAD	SAM	E			
DESTIN, FL 32541						
ARTICLE III - Registered A (The Limited Liability Company cannot business entity with an active Florida r	t serve as its own Register registration.)	red Agent. You	must designate an ind			
The name and the Florida stre						
FRE	DEPULY J. C Name	ARISM				
	Name					
L	tw Commod	ORE POI	nt road			
	treet address (P.O.		-			
<u></u>	ESTIN City	FL	3254)			
	City		Zip			
Having been named as regis liability company at the pregistered agent and agree to statutes relating to the propactions of	place designated in a o act in this capacit per and complete po	this certifice y. I further erformance	ite, I hereby accep agree to comply of my duties, and	pt the appo with the pr I am famil	ointm ovisio liar w	ent as ons of all vith and
Regist	cred Agent's Signa (CONTINU Page 1 of	JED)	UIRED)	SECRETARY OF S	14 OCT -9 PM 3	ALTERNATION OF THE PROPERTY OF

Company:	
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = ManagerMGA	FRETZIUK, I CARLSON
10/0/2	FREDERICK J. CARUSM 420 COMMODORF POINT RO. DESTNIFU 32541
	DESTN, PL 32541
NAME OF THE OWNER OWNER OF THE OWNER OWNE	
	
(Use attachment if necessary)	
•	
FICLE V: Effective date, if other than t	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days p
FICLE V: Effective date, if other than t	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days p
FICLE V: Effective date, if other than to an effective date is listed, the date must r 90 days after the date of filing.)	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days p
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FICLE V: Effective date, if other than to effective date is listed, the date must 90 days after the date of filing.) FICLE VI: Other provisions, if any. REQUIRED SIGNATURE Signature of a memil (In accordance with section 605.0203)	ber or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document
FICLE V: Effective date, if other than to effective date is listed, the date must r90 days after the date of filing.) FICLE VI: Other provisions, if any. REQUIRED SIGNATURE Signature of a memil (In accordance with section 605.0203 constitutes an affirmation under the permanent of the section of the permanent	ber 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.
FICLE V: Effective date, if other than to effective date is listed, the date must r 90 days after the date of filing.) FICLE VI: Other provisions, if any. REQUIRED SIGNATURE Signature of a memil (In accordance with section 605.0203 constitutes an affirmation under the per I am aware that any false information constitutes a third degree felony as pro-	ber 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. submitted in a document to the Department of State ovided for in s.817.155, F.S.)
REQUIRED SIGNATURE Signature of a memil (In accordance with section 605.0203 constitutes an affirmation under the performation constitutes a third degree felony as pro	ber 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, submitted in a document to the Department of State.

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