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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

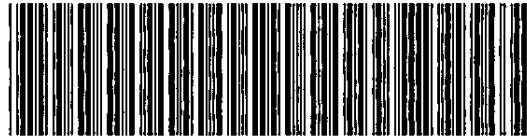
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV - 3 2014

T. HAMPTON

Nicolina A. Stewart, CPA, PFS
5910 Post Blvd #110571
Bradenton, FL 34211
Phone: 941-320-1524
Email: nstewart@sugarsgift.org or nstewart@cmasolutions.net

October 23, 2014

Florida Department of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Conversions of 3 Foreign Entities (2 LLCs and 1 S-Corp); and, Amendment of Articles of 1 Domestic LLC

Dear Sir or Madam:

Please find enclosed 4 separate packets, explained below.

1. The Idea People, LLC – Conversion from a foreign LLC (NV) to FL LLC (\$150)
2. Ye Olde Online Shoppe, LLC – Conversion from a foreign LLC (NV) to FL LLC (\$150)
3. CMA Solutions, LLC – Conversion from a foreign S-Corp (DE) to a FL LLC (\$150)
4. Sugar's Gift, LLC – Amendment to add my husband as a member of this domestic LLC (\$25)

As far as the foreign entities are concerned, I understand after speaking with Karen Saly in Registration today that I am to file this paperwork for each entity and once the entities are converted, I will dissolve these entities with their respective states.

Please feel free to contact me at nstewart@sugarsgift.org or nstewart@cmasolutions.net if you have any questions. Thank you very much for your help.

Sincerely,



Nicolina A. Stewart, CPA, PFS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CMA 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:

Nicolina A. Stewart
(Contact Person)

5910 Post Blvd # 110571
(Firm/Company)
(Address)

Bradenton FL 34211
(City, State and Zip Code)

nstewart@cma-solutions.net
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Nicolina Stewart at (941) 320-1524
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input checked="" type="checkbox"/> \$150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization) | <input type="checkbox"/> \$155.00 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$180.00 Filing Fees
and Certified Copy | <input type="checkbox"/> \$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

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" immediately prior to the filing of the Articles of Conversion is:

CMA Solutions, Inc.

(Enter Name of Other Business Entity)

FO7000003159

2. The "Other Business Entity" is a S-corp.

(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of DE

(Enter state, or if a non-U.S. entity, the name of the country)

on 4/21/2007

(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

CMA Solutions, LLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: 11/1/14

(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 all applicable statutes.

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TALLAHASSEE, FLORIDA

Signed this 23 day of Oct 2014.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: _____

Printed Name: Nicolina Stewart Title: Managing Member

Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: _____

Printed Name: Nicolina A Stewart Title: President

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

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 Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized person.

Fees:

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CMA Solutions, 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:

5910 Post Blvd #110571 Same
Bradenton FL 34211

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:

Nicolina A. Stewart
Name

5910 Post Blvd #110571
Florida street address (P.O. Box **NOT** acceptable)

Bradenton FL 34211
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)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Nicolina A Stewart
5910 Post Blvd #110571
Bradenton FL 34211

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11/1/14 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Nicolina A Stewart
Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**
- \$ 30.00 Certified Copy (Optional)**
- \$ 5.00 Certificate of Status (Optional)**

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