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(R	equestor's Name)	
(A	ddress)	
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. (C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nan	ne)
(Da	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Source Tech Consulting 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:
Edward Lineman (Contact Person)
(Firm/Company)
17958 SW 14 ST
Peribroke Pines FL 33029
(City, State and Zip Code)
E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
Edward Lineman at (484) 363-0163 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$150.00 Filing Fees and Certified Copy & \$185.00 Filing Fees, and Certified Copy & Certified Copy, and Certificate of Status
STREET ADDRESS:MAILING ADDRESS:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsClifton BuildingP. O. Box 63272661 Executive Center CircleTallahassee, FL 32314Tallahassee, 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 Enti	ity" immediately prior to the filin	g of the Articles of Conversion is:
	Consulting LLC	 ·
(Enter Nam	ne of Other Business Entity)	
2. The "Other Business Entity" is a	LLC Type C	
(Enter	r entity type. Example: corporation, limeral partnership, common law or busin	
First organized, formed or incorporated u		n-U.S. entity, the name of the country)
(date of organization, formation or incorpora	tion)	
3. The name of the Florida Limited Liab	onsulting LLC	attached Articles of Organization:
(Enter Name of Flor	rida Limited Liabili(y Company)	
4. If not effective on the date of filing, en (The effective date: 1) cannot be prior date this document is filed by the Flori date listed in the attached Articles of O	to date of receipt or filed date ida Department of State; <u>AND</u> 2	2) must be the same as the effective
5. The plan of conversion has been appro	oved in accordance with all applic	able statutes.
		26.5
	Page 1 of 2	FEB 10 AM

Signed this 15th day of January	20_15	
Signature of Authorized Representative of Lim	ited Liability Company:	
Signature of Authorized Representative: Chun Printed Name: Edward Lineman	and Lineman Title: President	_
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s).]	
Signature:Printed Name:		_
Printed Name:	Title:	_
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 If Directors or Officers have not been selected, an In	Officer.	-
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ity Partnership:	
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:	700 of
All others: Signature of an authorized person.		FEB 10
Fees:		3
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	8: 58 ORIGA

· ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Source lech Cons (Must end with the words "Limited Liability	Company, "L. L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
17958 SW 14 ST	17958 SW 14 ST
Pembroke Pines FL 33029	Pembroke Pines FL 33029
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
Edward Linemo	un.
Name	
17958 SW 14	ST
Florida street address (P.O.	Box NOT acceptable)
Penbroke lines	FL 33029
City	Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regional acceptance.	accept service of process for the above stated limited his certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 605, F.S
(CONTINU Page 1 of 2	(ED)

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
	Edward Lineman
mg R	17958 SW 145T
	Pembroke Pines FL 33029
MGR	Belinda Lineman
	17958 SW 1457 Pembroke Pines FL 33029
	TONDI ORE THIS I - SWEET
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	
0 days after the date of filing.)	
CLE VI: Other provisions, if any.	
CLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
- No No	
REQUIRED SIGNATURE: Clward Signature of a members.	ber or an authorized representative of a member.
REQUIRED SIGNATURE: Cluvary Signature of a member of a member of the section 605.0203	ber or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document
REQUIRED SIGNATURE: Signature of a member	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.
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• ARTICLE IVThe name and address of each person authorized to manage and control the Limited Liability