115000065368

(Re	questor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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15 MAR 19 PH 12: 20

APR 1 5 2015 T. BROWN

COVER LETTER

TO:	Registration S Division of Co						
SUBJ	ECT: Christie C	Consulting, LLC					
0000		(Name	of Res	ulting Florida l	Limite	d Company)	
		· · · · · · · · · · · · · · · · · · ·		_		and fees are submitted to con ecordance with s. 605.1045, F	
Please	e return all corre	espondence concerning	g this	matter to:			
Imelda	a Vasquez						
		(Contact Person)					
Legal	Zoom.com, Inc.						
		(Firm/Company)		 			
100 V	V. Broadway Suite	e 100					
		(Address)					
Glend	lale, CA 91210						
	((City, State and Zip Code)					
daved	hristie32@yahoo	•					
E-r	nail Address: (to b	e used for future annual re	port n	otifications)			
For fu	arther information	on concerning this ma	tter, j	please call:			
Imeld	a Vasquez		at (323	962-	8600 ext 7950	
	(Name of Conta	ct Person)	ai ((Area Code)	(Day	rtime Telephone Number)	
Enclo	sed is a check f	or the following amou	nt:				
(\$25 fc & \$12:	60.00 Filing Fees or Conversion 5 for Articles anization)	□\$155.00 Filing Fees and Certificate of Status		180.00 Filing I Certified Copy		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
Regis Divis Clifto	EET ADDRESS tration Section ion of Corporation Building Executive Cent	ions		Registra Division P. O. Bo	tion in of Cox 63	Corporations	

Tallahassee, FL 32301

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

RE: Filing Articles of Conversion
Christie Consulting, LLC

LZ order # 512243997



Atten: Teresa Brown:

Attached for resubmission please find the Articles of Conversion of the above-referenced corporation. Enclosed, please find a check for \$180.00 for the filing fee and certified copy fee. Please process this application as quickly as possible and send the filed copy to me at the address below:

Legalzoom.com, Inc. 100 W. Broadway Suite 100 Glendale, CA 91210

If you have any questions, please call me at (323) 962-8600. Thank you for your help in this matter.

Sincerely,

Imelda Vasquez LegalZoom.com

Certificate of Conversion For "Other Business Entity" Into

Florida Limited Liability Company

ACCARAGE FOR FORESTON OF SOIL This Certificate 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 this Certificate of Conversion is CHRISTIE CONSULTING INC.
	(Enter Name of Other Business Entity)
2.	The "Other Business Entity" is a Corporation
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
Fi	rst organized, formed or incorporated under the laws of FL
on	12/31/2012 (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 Organization:
C	nristie Consulting, LLC
_	(Enter Name of Florida Limited Liability Company)
(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 stee this document is filed by the Florida Department of State; AND 2) must be the same as the effective stee 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 ss. 605.1041-605.1046.

<u> </u>	
Signed this 2 day of TEBRUARY	20_15
Signature of Authorized Representative of Limi	ited Liability Company:
Signature of Authorized Representative: Visual Printed Name: David Christie	Title: AMBR
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s).]
Printed Name: David Christie	Title: President
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature: Printed Name:	Title:
Signature: Printed Name:	Title
Timed Name.	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	O#53==
If Directors or Officers have not been selected, an In-	
Ten al O In a 11 To a 17 to 17 to 17	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Parmership:
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty 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)

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

Christie	Consulting, LLC
(Must end with the words "Lin	ited Liability Company, "L/L.C.," or "LLC.")
ARTICEEII - Address:	
The mailing address and street address	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
15534 MONTESINO DRIVE	15534 MONTESINO DRIVE
ORLANDO, FL 32828	ORLANDO, FL 32828
·	
business entity with an active Florida registration.) The name and the Florida street address	own Registered Agent. You must designate an individual or another soft the registered agent are:
The name and the Florida street address United States Corpor	s of the registered agent are:
The name and the Florida street address	s of the registered agent are:
The name and the Florida street address United States Corpor	s of the registered agent are:
The name and the Florida street address United States Corpor	s of the registered agent are: atlon Agents, Inc. Name
The name and the Florida street address United States Corpor	s of the registered agent are: atlon Agents, Inc. Name KS COURT, SUITE A
The name and the Florida street address United States Corpor 13302 WINDING OA Florida street addr	s of the registered agent are: ation Agents, Inc. Name KS COURT, SUITE A ess (P.O. Box NOT acceptable) FL 33612

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	David Christie
MAIDIT	15534 MONTESINO DRIVE
	ORLANDO, FL 32828
	· · · · · · · · · · · · · · · · · · ·
ı effective date is listed, the date mu	the date of filing: (OPTIONA st be specific and cannot be more than five business of
TICLE V: Effective date, if other than a effective date is listed, the date mu 90 days after the date of filing.)	the date of filing: (OPTIONA st be specific and cannot be more than five business of
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ICLE V: Effective date, if other than effective date is listed, the date mu 90 days after the date of filing.) ICLE VI: Other provisions, if any.	the date of filing: (OPTIONAlist be specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and th
ICLE V: Effective date, if other than a effective date is listed, the date mu 90 days after the date of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	St be specific and cannot be more than five business of
ICLE V: Effective date, if other than a effective date is listed, the date mu 90 days after the date of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605.0203 constitutes an affirmation under the p	ber or an authorized representative of a member. 3 (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
ICLE V: Effective date, if other than a effective date is listed, the date mu 90 days after the date of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605.020) constitutes an affirmation under the p am aware that any false information	ber or an authorized representative of a member. 3 (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

ARTICLE IV-

Page 2 of 2

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