L15000098955

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





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JUN 09 2015 J SHIVERS



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 21, 2015

KAREN GOLDMAN 316 ALEXANDER ST #4 MARIETTA, GA 30060

SUBJECT: N&A CONSULTING, LLC

Ref. Number: W15000027862

We have received your document for N&A CONSULTING, 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of 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.

Letter Number: 615A00007970

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

COVER LETTER

TO: Registration S Division of C				
SUBJECT:	N +	Α	Consulting Social Limite	LLC
		(Name	e of Resulting Florida Limite	d Company)
				d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corre	espondence	concerni	ng this matter to:	
Kare Ozoldma 316 Alessan	n Spldr	nan		
	(Contact Pe	rson)	_	
Oxoldma	n + Con	many	. CPAz PC	
- 0	(Firm/Com	pany)	· · _ -	
316 Alexan	du St	reet	#4	
	(Addres	s)		
((City, State and	Zip Code)	0	
160 ldma	no apla	mana	Company com	
E-mail Address: (to b	e used for futu	re annual t	report notifications)	
For further information	on concerni	ng this m	atter, please call:	
Varan G	10 000 00	^	W HO4 3	07-9423
(Name of Copta	ct Person)		at (<u>H04</u>) 3 (Area Code) (Day	time Telephone Number)
Enclosed is a check f	or the follow	ving amo	ount:	
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 F and Certifica Status		□\$180.00 Filing Fees and Certified Copy	\$185.00 Filing Fees. Certified Copy, and Certificate of Status
STREET ADDRESS	S:		MAILING A	ADDRESS:
Registration Section			Registration S	
Division of Corporati	ons		Division of C	
Clifton Building 2661 Executive Center	er Circle		P. O. Box 63: Tallahassee, l	
Tallahassee, FL 3230			i ananassee, i	

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 Arti	cies of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a Ginale Metalogue (Enter entity type. Example: corporation, limited partnership general partnership, common law or business trust, etc.)	nbe LLC
First organized, formed or incorporated under the laws of Georgia on 2117/2009 (date of organization, formation or incorporation) (Enter state, or if a non-U.S. entity, the state of organization or incorporation)	ne name of the country)
3. The name of the Florida Limited Liability Company as set forth in the attached Ar N Y AN CONSULTY LLC (Enter Name of Florida Limited Liability Company)	ticles of Organization:
4. 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 the date this document is filed by the Florida Department of State; AND 2) must be the date listed in the attached Articles of Organization, if an effective date is listed the	an 90 days after the he same as the effective
5. The plan of conversion has been approved in accordance with ss. 605.1041-605.104	6. IALL
Page 1 of 2	JUN-8 J

• • • • • • • • • • • • • • • • • • •	
Signed this 31 day of March	_ 20 <u>_ 15</u>
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: [6] Printed Name: Laren Spanses	BBd ama_ Title: Accountant
Signature(s) on behalf of Other Business Entity:	
Signature: Un whitenare Printed Name: Ian Whitenare	Title: President
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature: Printed Name:	
Signature: Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Indiana.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> 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)

15 JUH-8 AH 8: 28
SECRETARY OF STATE
ALLAHASSEE ET GEN

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Comp	any is:		
N + AT Consult	ing LLC		
(Must end with the words "Limit	ed Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address or	f the principal off	ice of the Limited	Liability Company is:
Principal Office Address:	<u>Mailing</u>	Address:	
13163 Peregrin Circle Bradenton FL 34212	<u>Sav</u>	ve	
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its ov business entity with an active Florida registration.)			
The name and the Florida street address	of the registered a	igent are:	
lan	Whitema	t,	
	Name		
13163 F	eregrin Civa	ele	
13163 F Florida street address	s (P.O. Box NO)	[acceptable)	
	or FL		
City		Zip	
Having been named as registered agent liability company at the place design registered agent and agree to act in this statutes relating to the proper and con accept the obligations of my position	nated in this certifi capacity. I furthe aplete performanc	cate, I hereby acce er agree to comply e of my duties, and	ept the appointment as with the provisions of all I I am familiar with and
Registered Agent	's Signature (REC	QUIRED)	15 JUH -8 SECRETAR) ALLAHASSI
(CO	NTINUED)		
I	Page 1 of 2		8:22 SIAI ORIL

	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	lan whitemore
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	·
(Use attachment if necessary)	
ICLE V: Effective date, if other than the confective date is listed, the date must be days after the date of filing.)	date of filing: (OPTIONAL) be specific and cannot be more than five business day
effective date is listed, the date must b	date of filing: (OPTIONAL) ne specific and cannot be more than five business day
effective date is listed, the date must b 90 days after the date of filing.)	date of filing: (OPTIONAL) be specific and cannot be more than five business day
effective date is listed, the date must b 90 days after the date of filing.) ICLE VI: Other provisions, if any.	date of filing: (OPTIONAL) be specific and cannot be more than five business day
effective date is listed, the date must b 90 days after the date of filing.)	date of filing: (OPTIONAL) be specific and cannot be more than five business day A S
effective date is listed, the date must be 90 days after the date of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	SECRETARY ALL ALL ALL ALL ALL ALL ALL
REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.0203 (1) constitutes an affirmation under the penal am aware that any false information subconstitutes a third degree felony as provided.	or an authorized representative of a member. (b), Florida Statutes, the execution of this document ties of perjury that the facts stated herein after true.
REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.0203 (1) constitutes an affirmation under the penal am aware that any false information subconstitutes a third degree felony as provided.	or an authorized representative of a member. (b), Florida Statutes, the execution of this document ties of perjury that the facts stated herein after true.
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REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.0203 (1) am aware that any false information substantiates a third degree felony as provided the section of the section of the penal am aware that any false information substantiates a third degree felony as provided the section of	or an authorized representative of a member. (b), Florida Statutes, the execution of this document ties of perjury that the facts stated herein are true. (c) (d) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f
effective date is listed, the date must be 90 days after the date of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	SECRETARY ALL AREA ALL A

ARTICLE IV-

Page 2 of 2