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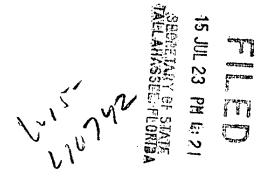
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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# COSTELLO & WICKER, P.A.

ATTORNEYS AT LAW

Voice (239) 939-2222

• Facsimile (239) 939-2280

John M. Wicker, P.A., Managing Attorney Also member of Florida Institute of Certified Public Accountants

Brittany Professional Centre 12670 New Brittany Blvd., Suite 101 Fort Myers, FL 33907

Truman J. Costello, P.A., 1949 - 2011

**Mailing Address** Post Office Drawer 60205 Fort Myers, FL 33906-6205

June 4, 2015

Florida Department of State **Division of Corporations** Corporate Filings PO Box 6327 Tallahassee, FL 32314

Sent By:

Certified Mail Return Receipt Requested No. 7014 2120 0000 4633 9439

Starace Consulting Services, LLC

Domestication from New Hampshire LLC to Florida LLC

Dear Sir/Madam:

Attached please find the following documents:

- 1. Articles of Domestication for STARACE CONSULTING SERVICES, LLC.
- 2. Certificate of Status for STARACE CONSULTING SERVICES, LLC from The State of New Hampshire Department of State
- 3. Articles of Organization for STARACE CONSULTING SERVICES, LLC
- 3. Our check # 6075 for \$150.00 which includes \$25.00 for the Articles of Domestication and \$125.00 for the Articles of Organization.

Should you have any questions or concerns regarding these documents, please do not hesitate to contact my office directly.

Thank you for your time and attention to this matter.

John M. Wicker

Direct Dial: (239) 690-4265

For the Firm E-mail:

jwicker@lawcrw.com

Enclosures:

As Noted Above





### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 14, 2015

COSTELLO & WICKER, P.A. ATTN: JOHN M WICKER PO BOX DRAWER 60205 FORT MYERS. FL 33906-6205

SUBJECT: STARACE CONSULTING SERVICES, LLC

Ref. Number: W15000040742

We have received your document for STARACE CONSULTING SERVICES, 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) 245-6052.

Tim Burch Regulatory Specialist II

Letter Number: 415A00014704

### **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 Articles STARACE CONSULTING SERVICES, LLC	of	/ <b>ဧဌာုံ</b> ဝ	n is:
(Enter Name of Other Business Entity)	A	$\equiv$	The state of the s
2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY	ASSE ASSE	. 23	(France)
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	F C	2	
First organized, formed or incorporated under the laws of NEW HAMPSHIRE	ORIA	<b>8:2</b>	
FEBRUARY 20, 2014 (Enter state, or if a non-U.S. entity, the na	ame of the	count	ry)
(date of organization, formation or incorporation)			
3. The name of the Florida Limited Liability Company as set forth in the attached Article STARACE CONSULTING SERVICES, LLC	es of Or	ganiz	ation:
(Enter Name of Florida Limited Liability Company)			
4. If not effective on the date of filing, enter the effective date:	same as ( in.)	the ef	fective
5. The plan of conversion has been approved in accordance with all applicable statutes.			

Page 1 of 2

Signed this 2ND day of JULY	20_15			
Signature of Authorized Representative of Li	mited Liability Company:			
Signature of Authorized Representative: Printed Name: JOHN M. WICKER	Title: AGENT	<del></del>		
Stansiure(s) on behalf of to the Winters statistic	[See below for required signature(s)			
Signature: Printed Name: JOHN M- WICKM	Title: AUTHORIZED ABO	77		
Signature:		•		
Printed Name:	Title:	<b>-</b> -		
Signature:Printed Name:	Title			
Signature:Printed Name:	Title:	<b>-</b> -		
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Signature:Printed Name:	Title	- 2	L 23	EL PRESENTA
	Title.		PH	ű
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, If Directors or Officers have not been selected, an		FLORIDA	H :: 2	
If Florida General Partnership or Limited Liab	,	>>	- This coup.	
Signature of one General Partner.				
If Florida Limited Partnership or Limited Liab Signatures of <u>ALL</u> General Partners.	oility Limited Partnership:			
All others: Signature of an authorized person.				
Fees:				
Articles of Conversion:	\$25.00			

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company	ny is:
STARACE CONSULTING SERVICES, LLC	
(Must end with the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")
The mailing address and street address of	the principal office of the Limited Liability Company is:  Mailing Address:
The mailing address and street address of	
Principal Office Address:	Mailing Address:

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:

JOHN M. WICKER	
Nam	ne
12670 NEW BRITTANY	BLVD, SUITE 101
Florida street address (P	P.O. Box NOT acceptable)
FORT MYERS	FL <sup>33907</sup>
City	Zip

TALLAHASSEE, FLORIDA

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)

Page 1 of 2

Title:	Name and Address:		
"AMBR" = Authorized Member "MGR" = Manager	SCOTT STARACE		
AMBR	17 BABOOSIC LAKE ROAD		
	AMHERST, NH 03031		
AMBR	CARYN STARACE		
<del>.</del>	17 BABOOSIC LAKE ROAD		
	AMHERST, NH 03031	<u>ਲ</u> ਾਂ	ಷಾನೆಕ <u>ನೆ</u>
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CLE V: Effective date, if other than the effective date is listed, the date must he date of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signat (In accordance with constitutes an affiliam aware that a	he date of filing: (OPTIONAL	prior	to or 90

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)