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

Office Use Only



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SEP 23 2015 T SCHROEDER

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 792355 5012293
AUTHORIZATION : Spelle le man
COST LIMIT : \$ \$50.00
ORDER DATE : September 22, 2015
ORDER TIME : 9:25 AM
ORDER NO. : 792355-015
CUSTOMER NO: 5012293
DOMESTIC CONVERVSION FILING
NAME: WESLIN CONSULTING, LLC
CORPORATE LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY
XXXX CONVERSION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Courtney Williams EXT# 62935

EXAMINER:

COVER LETTER

TO:	Registration Division of 0					
		•				
SUBJ	ECT: Weslin (Consulting, LLC				
		(Name	of Resulting Florida	Limit	ed Company)	
The en Busine	closed Articless Entity" into	es of Conversion, Artic o a "Florida Limited L	eles of Organizati iability Company	on, ar	nd fees are submitted to convert accordance with s. 605.1045, F.S	ın "Othe
Please	return all con	respondence concernir	g this matter to:			
Rebecc	a Lewis					
		(Contact Person)				
Clark H	ill PLC					
		(Firm/Company)		•		
301 Gra	int Street, 14th F	Тоот				
		(Address)				
Pittsbur	gh, PA 15219					
	(City, State and Zip Code)				
wsprech	ner@modulardoo	eument.com				
E-in	ail Address: (10 l	oe used for future annual re	port notifications)			
For fur	ther informati	on concerning this ma	tter, please call:			
Rebecca	Lewis		at (412	394-	7742	
	(Name of Conta	act Person)		(Day	vtime Telephone Number)	
Enclose	ed is a check t	for the following amou	int:			
(\$25 for	.00 Filing Fees Conversion for Articles vization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
Registr	ET ADDRES ation Section n of Corporat		Registra	ation :	ADDRESS: Section Corporations	

P. O. Box 6327

Tallahassee, FL 32314

INHS11 (06/15)

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

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.

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Organization:
ys after the s the effective be listed as the
,

Page 1 of 2

SECRETARY OF STATE THIS ON OF CORPORATIONS

15 SEP 23 PM 12: 21

Signature(s) on behalf of Other Business En	tity: [See below for required signature(s)]
Signature:	_
Printed Name: William E. Sprecher	Title: Member
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	Tiele
Printed Name:	1 nie;
Signature:	
Printed Name:	Title:
01	
Signature:Printed Name:	Title
Timed Name.	THIC.
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Directo	
If Directors or Officers have not been selected,	an Incorporator must sign.
If Florida General Partnership or Limited L	ighility Partnerching
Signature of one General Partner.	iamite 1 at thet ship.
If Florida Limited Partnership or Limited L	iability Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
All others:	
Signature of an authorized person.	
_	
Fees:	

Signed this 22nd day of September 20 15 .

Signature of Authorized Representative:

Printed Name: William E. Sprecher

Articles of Conversion:

Certificate of Status:

Certified Copy:

Fees for Florida Articles of Organization:

Signature of Authorized Representative of Limited Liability Company:

Title: Member

JIVISIGN OF CURFUENCE

\$25.00

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Weslin Consulting, L.	LC		
		liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ac	ldrace:		
		e principal office of the Limited Liability Company is	:
Principal Office A	Address:	Mailing Address:	
12320 Crystal Comm-	erce Coop	12320 Crystal Commerce Coop	
Fort Myers, FL 3396		Fort Myers, FL 33966-1082	
(The Limited Liability C business entity with an	ompany cannot serve as its own Ractive Florida registration.)	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:	
(The Limited Liability C business entity with an	company cannot serve as its own Ractive Florida registration.) Florida street address of t	Registered Agent. You must designate an individual or another	
(The Limited Liability C business entity with an	company cannot serve as its own Factive Florida registration.) Florida street address of t William E. Sprecher	Registered Agent. You must designate an individual or another	
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(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

15 SEP 23 PM 19: 91

SECHETARY OF STATE ON STATE

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager AMBR	William E. Sprecher	
AJVIJK	12320 Crystal Commerce Coop	-
	Fort Myers, FL 33966-1082	-
		-
		-
		_
		-
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		_
		-
		_
(Use attachment if necessary) ICLE V: Effective date, if other than the	e date of filing: (OPTIO	DNAL
ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.) If the date inserted in this block does not meet to	be specific and cannot be more than five business the applicable statutory filing requirements, this date will not specific.	ess da
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ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.) If the date inserted in this block does not meet the ent's effective date on the Department of State's effective date on the	the applicable statutory filing requirements, this date will not a records. To ran authorized representative of a member ecordance with section 605.0203 (1) (b), Florida Statutes. In the authorized in a document to the Department of State	ess da pot Briss SEP 23 PH 12: 21

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional) Page 2 of 2

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

ARTICLE IV-