# L15000209620

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
, (Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
AUTHOHIZATION I	214	
OCHHECT ONG	1/1/20	16
DOC. EXAM	1.5	
W15-70	2525	<u> </u>
	<b></b>	



600278414146

12/21/15--01032--001 \*\*27.00

**500278414146** 10/26/15--01029--004 \*\*122,50

SECRETARY OF STATE

AFROVE AND FLED

141



December 15, 2015

LORRAINE V CIMINO 395 FOREST PARK RD OLDSMAR, FL 34677

SUBJECT: LJVC CONSULTING, LLC

Ref. Number: W15000080456

We have received your document for LJVC CONSULTING, LLC and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$27.50. Spoke with Ms Lorraine on 12/15/15.

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) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 615A00026224

### **COVER LETTER**

TO: Charter Section

Tallahassee, FL 32301

Division of Corporations

SUBJECT: LJV	C Consu		
	Name of Resulting	Florida Profit Corporation	1
		-	and fees are submitted to ion" in accordance with s.
Please return all corresp	pondence concerning	this matter to:	
horraine	V amino		
LJVC Cor	Sulting 1 Firm/Company	LLC	
395 Fores	t Part Rd Address		
Oldsmar, 1		7	
City	, State and Zip Code		
L-mail address: (to be	11ing @ gma used for future amual re	n), comport notification)	
For further information	concerning this matt	ter, please call:	
Warraine Grand	าเทษ	at (410 ) 99	1. 8345 ne Telephone Number
Enclosed is a check for	the following amour	nt:	
a	\$113.75 Filing Fees and Certificate of Status	□\$113.75 Filing Fees and Certified Copy	\$122.50 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: New Filings Section Division of Corporation Clifton Building 2661 Executive Center	ns	MAILING A New Filings S Division of C P. O. Box 632 Tallahassee, I	Section orporations 27

October 22, 2015

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Transferring Texas LLC to Florida,

Hello,

I have just moved from Texas to Florida and need to transfer LIVC Consulting LLC to Florida.

I have enclosed the following:

- Cover Letter
- Certificate of Conversion
- Articles of Incorporation

Trane Vamino

 Check in the amount of\$122.50 (\$105 Filing Fee; \$8.50 Certified Copy; \$8.50 Certificate of Status)

Please feel free to contact me at 410-991-8345 if you need any further information.

Sincerely,

Lorraine V Cimino 395 Forest Park Rd

Oldsmar, FL 34677



### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 30, 2015

LJVC CONSULTING, LLC 395 FOREST PARK RD OLDSMAR, FL 34677 RECEIVED

15 DEC 10 MS 10: 55

SECNETARY OF STATE

PROVENESSES. FLORIDA

THE DEC 10 MS 10: 55

We have received your document for LJVC CONSULTING, LLC and your check(s) totaling \$. 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 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) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 415A00023401



## Articles of Conversion For "Other Business Entity" Into

15 DEC 17 PM 4: 09

SECRETARY OF STATE TALLAHASSEE, FLORIDA

#### 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 of Conversion is:  LTVC Consulting, LLC  (Enter Name of Other Business Entity)
(Entèr Name of Other Business Entity)
2. The "Other Business Entity" is a LLC.
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Tevas
on 09/18/2012 (Enter state, or if a non-U.S. entity, the name of the country)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
LTVC Consulting, LLC (Enter Name of Provida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 1/1/20/6.  (The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
5. The plan of conversion has been approved in accordance with all applicable statutes.

Page 1 of 2

	<b>L</b>	APPROVED
Signed this 13 day of November	2015	FILED
Signature of Authorized Representative of Limi	ited Liability Company:	15 DEC 17 PM 4: 09
Signature of Authorized Representative Ama Printed Name: Delane V Cimino	Me V Comuno Title: Manager	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Signature(s) on behalf of Other Business Entity:	See below for required signate	ıre(s)
Signature Joname V Comuno		
Printed Name: LORRAINO V CIMINO	Title: Manager	
Signature: Printed Name:	Title:	· · · · · · · · · · · · · · · · · · ·
Signature:Printed Name:		
Printed Name:	Title:	
Signature:Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:Printed Name:		<del></del>
Printed Name:	1 itle:	· · · · · · · · · · · · · · · · · · ·
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.		
If Florida General Partnership or Limited Liabili	ty Partnership:	
Signature of one General Partner.  If Florida Limited Partnership or Limited Liabilit 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 FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company i	is:			
LJVC Consulting, Ll	_C			
(Must end with the words "Limited Liab	bility Company, "	'L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the	principal offi	ce of the Limited L	iability Company	is:
Principal Office Address:	Mailing	Address:		
395 Forest Park Rd Oldsmar, FL 34677	395 7 Oldsm	Forest Parl	(R)	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registers) business entity with an active Florida registration.)	gistered Agent, Yo	ou must designate an indiv		ン
The name and the Florida street address of the LORPHNEV CN	mino_	gent are:	C 17 PM	
395 Forest 10 Florida street address (P.		<del> </del>	STATE STATE	(***
<u>Oldsmae</u>	FL	34677 Zip		

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

ARTICLE IV- The name and address of each person a	uthorized to manage and co	APPROVE AND nural the Li <b>ENA</b> D i	
Company:		15 DEC 17 PM	
Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	SECRETARY OF TALLAHASSEE, FL	STATE OPIDA
MGR	LORRAINE CI	mino RK Kd	
	Oldsmar, FL	3167-7	- - -
			- - -
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the da (If an effective date is listed, the date must be to or 90 days after the date of filing.)  Note: If the date inserted in this block does not meet the document's effective date on the Department of State's re	e specific and cannot be me applicable statutory filing requir	ore than five busin	ess days prior
ARTICLE VI: Other provisions, if any.			
This document is executed in acco l am aware that any false information constitutes a third degree felony as	on submitted in a document to the provided for in s.817.155, F.S.	(b), Florida Statutes.	-
LORKAINE V Typed	d or printed name of signee	· · · · · -	

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)

Page 2 of 2