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(Re	equestor's Name)	
(Ad	ldress)	
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	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	ocument Number)	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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16 MAR 28 PH 3-18
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4/10/14

### COVER LETTER

TO: Registration S	Section © Corporations			•
SUBJECT: Shogun C	Consulting, LLC			
SUBJECT.	(Name	of Resulting Florida Lin	nited Company)	
The enclosed Article Business Entity" into	s of Conversion, Artic a "Florida Limited Li	les of Organization, iability Company" in	and fees are submitted to accordance with s. 605.	o convert an "Other 1045, F.S.
Please return all corr	espondence concernin	g this matter to:		
Jay A. Geier				
	(Contact Person)			
Shogun Consulting, LLC				
	(Firm/Company)			
6019 Golf Villas Drive				
	(Address)			
Boynton Beach, FL 3343	37			
(4	City, State and Zip Code)			
shogun@shogun.net				
E-mail Address: (to b	e used for future annual re	port notifications)		
For further informati	on concerning this ma	tter, please call:		
Jay A. Geier		at ( <sup>714</sup> ) <sup>40</sup>	<b>14</b> -3600	
(Name of Conta	act Person)	(Area Code) (I	14-3600 Daytime Telephone Number)	<del>_</del>
Enclosed is a check to	for the following amou	ınt:		
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing Fee and Certified Copy	S S 185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRES Registration Section	<b>S</b> :	MAILIN( Registratio	G ADDRESS: on Section	FTse

**Division of Corporations** 

Tallahassee, FL 32314

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P. O. Box 6327

INHS11 (06/15)

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building



# FLORIDA DEPARTMENT OF STATE Division of Corporations WE TO THE TOTAL STATE Division of Corporations

March 3, 2016

JAY A. GEIER 6019 GOLF VILLAS DRIVE BOYNTON BEACH, FL 33437

SUBJECT: SHOGUN CONSULTING, LLC

Ref. Number: W16000016058

We have received your document for SHOGUN 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):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 616A00004460

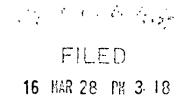
#### **Articles of Conversion**

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.

1. The name of the "Other Business Entity" immediat Shogun Consulting, LLC	tely prior to the filing of the Articles of Conversion is:
(Enter Name of Other Bus	iness Entity)
2. The "Other Business Entity" is a Limited Liabillity Co	
(Enter entity type. Ex	cample: corporation, limited partnership, p, common law or business trust, etc.)
First organized, formed or incorporated under the laws	s of <sup>Ohio</sup>
November 2, 2010	(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 Compan Shogun Consulting, LLC	y as set forth in the attached Articles of Organization:
(Enter Name of Florida Limited Lia	ability Company)
date listed in the attached Articles of Organization	eceipt or filed date nor more than 90 days after the ent of State; <u>AND</u> 2) must be the same as the effective
5. The plan of conversion has been approved in accord	dance with all applicable statutes.

Page 1 of 2

Signed this 15th	day of February	20 16
		$\mathcal{M}$
Signature of Auth	<u>orized Representative o</u>	f Limited Liability Company:
Ciamatona a C A ada a	-i1D	the 1 (N. 1)
Printed Name: Jay A.	rized Representative:	Title Managing Mambay
·		Title: Managing Member
		See below for required signature(s)]
Signature: Printed Name: Jay A	Dul 11.4	
Printed Name: Jay A.	. Geier	Title: Managing Member
Signature:		
Printed Name:		Title:
	***************************************	
Printed Name:		Title:
Signature		
Printed Name:		Title:
Timica Name.		
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
If Florida Comono	diam.	
If Florida Corpora	nan, Vice Chairman, Direct	tor or Officer
_	· · · ·	, an Incorporator must sign.
ii Directors of Offic	ers have not been selected	, an incorporator must sign.
If Florida General	Partnership or Limited 1	Liability Partnership:
Signature of one Ge		
_		
		<u> Liability Limited Partnership:</u>
Signatures of ALL	General Partners.	
A 11 - A1		
All others:	ionized person	
Signature of an auth	orized person.	
Fees:		;
1 000.		Ţ

Articles of Conversion: Fees for Florida Articles of Organization:

Certified Copy: Certificate of Status:

Page 2 of 2

\$25.00 \$125.00

\$30.00 (Optional) \$5.00 (Optional) HAR 28 PH 3-

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	FILED
ARTICLE I - Name: The name of the Limited Liability Company is:	16 MAR 28 PN 3-18
Shogun Consulting, LLC	SCORETARY OF STATE TALLAHASSEE, FLORIDA
(Must end with the words "Limited Liability	
ARTICLE II - Address: The mailing address and street address of the principal Office Address:	ncipal office of the Limited Liability Company is:  Mailing Address:
	6019 Golf Villas Drive
6019 Golf Villas Drive Boynton Beach, FL 33437	Boynton Beach, FL 33437
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the re	red Agent. You must designate an individual or another
Registered Agents Inc	
Name	
3030 N. Rocky Point Drive, Sui	te 150A
Florida street address (P.O.	Box NOT acceptable)
Tampa	FL 33607
City	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

		FILED
Title:	Name and Address:	
"AMBR" = Authorized Member	<del></del>	16 MAR 28 PM
"MGR" = Manager		ennema and een e
AMBR	Jay A. Geier	NORTHWAY OF S
	6019 Golf Villas Drive	tiones d'ell'issuerache, tit
	Boynton Beach, FL 33437	
	FAIR AND	
		<del></del>
		· · · · · · · · · · · · · · · · · · ·
• /	e date of filing:	. (OPTIONAL)
(Use attachment if necessary)  LE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.)  the date inserted in this block does not meet affective date on the Department of State  LE VI: Other provisions, if any.	the applicable statutory filing requirem	
LE V: Effective date, if other than the frective date is listed, the date must days after the date of filing.) the date inserted in this block does not meet it's effective date on the Department of State	the applicable statutory filing requirem	
LE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.) the date inserted in this block does not meet the date inserted after the Department of State.  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of this document is executed in a I am aware that any false inform	the applicable statutory filing requirem	ive of a member.  ), Florida Statutes.
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) the date inserted in this block does not meet it's effective date on the Department of State  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of this document is executed in a I am aware that any false inform	er or an authorized representate accordance with section 605.0203 (1) (be nation submitted in a document to the D	ive of a member.  ), Florida Statutes.

\$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