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(Requestor's Name)

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☐ PICK-UP

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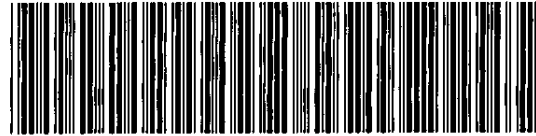
(Business Entity Name)

(Document Number)

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Address

850-445-4848

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Brent Cross Consulting LLC  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)
5. \_\_\_\_\_  
(Corporation Name) (Document #)
6. \_\_\_\_\_  
(Corporation Name) (Document #)
7. \_\_\_\_\_  
(Corporation Name) (Document #)

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☐ Certificate of Status

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Brent Cross Consulting, LLC  
(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Christopher M. Delp, Esq.

(Contact Person)

Tampa Law Source, P.A.

(Firm/Company)

13139 West Linebaugh Avenue

(Address)

Tampa, Florida 33626

(City, State and Zip Code)

chris.delp@tampabizlaw.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Christopher M. Delp, Esq.

at ( 813 )

814-0700

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$150.00 Filing Fees  
(\$25 for Conversion  
& \$125 for Articles  
of Organization)

☐ \$155.00 Filing Fees  
and Certificate of  
Status

☐ \$180.00 Filing Fees  
and Certified Copy

☐ \$185.00 Filing Fees,  
Certified Copy, and  
Certificate of Status

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

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16 JUL 21 AM 8:58  
TALLAHASSEE, FL  
CLERK OF COURT

**Articles of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Limited Liability Company**

FILED  
16 JUL 21 AM 8:58  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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" immediately prior to the filing of the Articles of Conversion is:  
Brent Cross Consulting, Inc.

(Enter Name of Other Business Entity) P10000011014

2. The "Other Business Entity" is a corporation  
(Enter entity type. Example: corporation, limited partnership,  
general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of Florida  
on February 3, 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 Company as set forth in the **attached Articles of Organization**:

Brent Cross Consulting, LLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: July 21, 2016

**(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.

Signed this 21st day of July 2016.

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative: \_\_\_\_\_

Printed Name: Victor Obi

Title: Manager

**Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]**

Signature: \_\_\_\_\_

Printed Name: Victor Obi

Title: President, Sole Shareholder & Chair

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

**If Florida Corporation:**

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**All others:**

Signature of an authorized person.

**Fees:**

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

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16 JUL 21 AM 8:53  
NOTARY PUBLIC  
TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Brent Cross Consulting, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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16 JUL 21 AM 8:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

### Principal Office Address:

VICTOR OBI

5414 TOWN N COUNTRY BLVD

TAMPA FL 33615

### Mailing Address:

VICTOR OBI

5414 TOWN N COUNTRY BLVD

TAMPA FL 33615

## 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:

Daniel G. Musca, Esq.

Name

13139 West Linebaugh Avenue, Suite 101

Florida street address (P.O. Box **NOT** acceptable)

Tampa

City

FL 33626

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)

**ARTICLE IV-**

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

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16 JUL 21 AM 8:58  
TREASURY DEPT  
ALLAHAS, FL 33604

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

VICTOR OBI

5414 TOWN N COUNTRY BLVD

TAMPA FL 33615

MBR

SUNDAY NWOKO

5414 TOWN N COUNTRY BLVD

TAMPA FL 33615

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: July 21, 2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

**ARTICLE VI:** Other provisions, if any.

None.

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Victor Obi

Typed or printed name of signer

**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)