# 116000156934

(Requestor's Name)
(Address)
(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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SL. J.JARY OF STATE TALLAHASSEE, FLORIDA

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# BAKER DONELSON BEARMAN, CALDWELL & BERKOWITZ, PC

MONARCH PLAZA SUITE 1600 3414 PEACHTREE ROAD N.E. ATLANTA, GEORGIA 30326

PHONE: 404.577.6000 FAX: 404.221.6501

www.bakerdonelson.com

MICHAEL S. EVANS
Direct Dial: 404.221,6517
Direct Fax:404.238.9617
E-Mail Address:mevans@bakerdonelson.com

August 16, 2016

VIA FEDEX

Registration Section
Florida Department of State - Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Articles of Conversion and Articles of Organization for Cavanaugh Macdonald Consulting, LLC

### Dear Sir or Madam:

Enclosed with regard to the above-referenced limited liability company are the following items:

- 1. Articles of Conversion
- 2. Articles of Organization
- 3. A check in the amount of \$185 made payable to the "Florida Department of State" for the filing fees.

Kindly acknowledge receipt of this letter and filing by stamping the enclosed copy of the documents and returning them in the enclosed self-addressed envelope. If you have any questions, please do not hesitate to contact me.

Sincerely,

Michael S. Evans

**Enclosures** 

cc: Edward Macdonald

### **COVER LETTER**

Division of C			
SUBJECT: Cavanaug	gh Macdonald Consulting,	LLC	
	(Name	of Resulting Florida Li	imited Company)
		-	n, and fees are submitted to convert an "Other in accordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g this matter to:	
Edward A. Macdonald			
	(Contact Person)		
Cavanaugh Macdonald (	Consulting, LLC		
	(Firm/Company)		
279 Emerald Ridge			
	(Address)		
Santa Rosa Beach, FL 32	2459		
	City, State and Zip Code)		
edm@cavmacconsulting	com.		
E-mail Address: (to b	e used for future annual re	port notifications)	
For further informati	on concerning this ma	tter, please call:	
Michael Evans		at (404) <sup>2</sup>	221-6517
(Name of Conta	act Person)		(Daytime Telephone Number)
Enclosed is a check to	for the following amou	int:	
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fe and Certified Copy	ees \$\instyle=\frac{1}{8}\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES Registration Section Division of Corporat Clifton Building 2661 Executive Cent	ions	Registrat Division P. O. Box	NG ADDRESS: cion Section of Corporations x 6327 see, FL 32314
Tallahassee, FL 323		i aiiaiiass	

### **Articles of Conversion**

For

# "Other Business Entity"

2016 AUG 17 AH 10: 48

FILED

Into

Florida Limited Liability Company

SEDAL TARY OF STATE
TALLAHASSEE, FLORIDA

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 Cavanaugh Macdonald Consulting, LLC	Entity" immediately prior to the filing of the Articles of Conversion is:
	Name of Other Business Entity)
7 The "Lither Business Entity" is a	limited liability company
Ō	Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporat	ed under the laws of Georgia
June 7, 2005	(Enter state, or if a non-U.S. entity, the name of the country)
on(date of organization, formation or incor	rporation)
3. The name of the Florida Limited I	Liability Company as set forth in the attached Articles of Organization:
Cavanaugh Macdonald Consulting, LLC	
(Enter Name of	Florida Limited Liability Company)
4. If not effective on the date of filin	g, enter the effective date:
date this document is filed by the F date listed in the attached Articles	rior to date of receipt or filed date nor more than 90 days after the lorida Department of State; AND 2) must be the same as the effective of Organization, if an effective date is listed therein.) not meet the applicable statutory filing requirements, this date will not be listed as the tof State's records.
5. The plan of conversion has been a	pproved in accordance with all applicable statutes.

Page 1 of 2

Signed this 1	1th	_ day of August		20_16			
C)		. 175		11.19% 6		FILL	ED
Signature of	Author	ized Representative of	Limit	ed Liability Company:	2016 A	UG 17	AM 10: 48
Signature of A	Authoriz	ed Representative: !!!!!	J VH	uni			
Printed Name	: Edward	A. Macdonald		Title: Manager	TAL ST	- IAK) JACCET	OF STATE E. FLORIDA
Signature(s)	on behal	of Other Business En	<u>tity:</u> [\$	See below for required si	19	ivaoli	- PEURIUA
Signature						-	
Printed Name	: Edward	A. Macdonald		Title: Manager			
Ciamatuma							
Printed Name				_ Title:		=	
Times rame	•				•	-	
Signature:							
Printed Name	:			_ Title:		-	
Signature:							
Printed Name	:			Title:		-	
Signature:				Title:			
Printed Name	;			_ Title:			
Signature:							
Printed Name	;			Title:		•	
	Chairman	on: , Vice Chairman, Directo s have not been selected,					
If Florida Ge Signature of o		rtnership or Limited L ral Partner.	iabilit	y Partnership:			
		artnership or Limited L neral Partners.	<u>iability</u>	y Limited Partnership:			
All others: Signature of a	n author	ized person.					
Fees:							
Fees f Certif			ion:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)			

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Cavanaugh Macdona				_	
(M	lust end with the words "Limited Li	iability Company, "L.L.C.," or "LLC.")			
ARTICLE II - A The mailing addre		e principal office of the Limited	Liability C	Compa	ny is:
Principal Office	Address:	Mailing Address:			
3550 Busbee Pkwy, S	Suite 250	3550 Busbee Pkwy, Suite 250			
Kennesaw, GA 3014	4	Kennesaw, GA 30144		-	
			f-free_	-	
business entity with an	active Florida registration.) Florida street address of tl Edward A. Macdonald	egistered Agent. You must designate an ind	ASSEE, FLO	JG 17 AM 10:48	FILED
	N	ame	RIDA RIDA	3.1	
	279 Emerald Ridge				
	Florida street address (I	P.O. Box NOT acceptable)			
	Tionida sireet address (				
	Santa Rosa Beach	FL 32459			
	`				

Registered Agent's Signature (REQUIRED)

Shat Middle

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Edward A. Macdonald
	279 Emerald Ridge
	Santa Rosa Beach, FL 32459
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	A ( )
	P
	SET OF A
	-n T
	<u> </u>
effective date is listed, the date mus	he date of filing: (OPTIONAL) It be specific and cannot be more than five business day
ICLE V: Effective date, if other than the effective date is listed, the date mus 90 days after the date of filing.)	t be specific and cannot be more than five business day t the applicable statutory filing requirements, this date will not be list
ICLE V: Effective date, if other than the effective date is listed, the date mus 90 days after the date of filing.) If the date inserted in this block does not mee	t be specific and cannot be more than five business day t the applicable statutory filing requirements, this date will not be list
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 meetent's effective date on the Department of States.	t be specific and cannot be more than five business day t the applicable statutory filing requirements, this date will not be list
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 ICLE VI: Other provisions, if any.	t be specific and cannot be more than five business day t the applicable statutory filing requirements, this date will not be list
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 meetent's effective date on the Department of State  ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member This document is executed in I am aware that any false information.	It be specific and cannot be more than five business day that the applicable statutory filing requirements, this date will not be lister's records.
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 tent's effective date on the Department of State ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member This document is executed in I am aware that any false infor constitutes a third degree feloric Edward A. Macdonald	the applicable statutory filing requirements, this date will not be lister's records.  The applicable statutory filing requirements, this date will not be lister's records.  The applicable statutory filing requirements, this date will not be lister's records.  The applicable statutory filing requirements, this date will not be lister's records.  The applicable statutory filing requirements, this date will not be lister's records.  The applicable statutory filing requirements, this date will not be lister's records.
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 tent's effective date on the Department of State ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member This document is executed in I am aware that any false infor constitutes a third degree feloric Edward A. Macdonald	the specific and cannot be more than five business day at the applicable statutory filing requirements, this date will not be lister's records.  The or an authorized representative of a member, accordance with section 605.0203 (1) (b), Florida Statutes, ronation submitted in a document to the Department of State

Page 2 of 2

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

ARTICLE IV-