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Special Instructions to	Filing Officer:	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 26, 2016

JOHN FICKEN 11705 BOYETTE RD., STE. 438 RIVERVIEW, FL 33569

SUBJECT: FICKEN CONSULTING, LLC

Ref. Number: W16000052107

SECRETARY STATES AND A NUCLEON PHYSICAL STATES

We have received your document for FICKEN 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):

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 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.

Matthew T Moon Regulatory Specialist II

Letter Number: 616A00015658

Division of Compositions D.O. DOV 6207 Mallaharra Elastic 2001A



RECEIVED AUG 1 5 RECO

August 11, 2016

Matthew T Moon Florida Dept. of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Dear Matthew,

I am enclosing all of our paperwork again as well as the letter I received via email. We never received the hard copied mailed to us though the address is correct on all the paperwork.

Thank you so much for assisting us in this matter.

Sincerely,

Anne Hazen Business Manager The Quotidian Group Anne@q-grp.com 612.845.0216 SECULORY OF STATE

COVER LETTER

то:	Registration S Division of C						
SURJ	ECT: Ficken Co	onsulting, LLC					
			of Resulting Florida	Limite	ed Company)		
					nd fees are submitted to conve ccordance with s. 605.1045, l		ther
Please	return all corre	espondence concernin	g this matter to:				
John F	icken						
		(Contact Person)					
Ficken	Consulting LLC						
		(Firm/Company)					
11705	Boyette Rd Suite	: 438				5	
		(Address)					,-
Riverv	iew, FL 33569					<u></u>	
	((City, State and Zip Code)				77	
john@	q-grp.com						1
E-n	nail Address: (to b	e used for future annual re	port notifications)			3: 44	
For fu	rther information	on concerning this ma	tter, please call:			· • -	براز ا
Anne l	-lazen		at (612	845-(0216		
	(Name of Conta	ct Person)		(Day	ytime Telephone Number)		
Enclo	sed is a check f	or the following amou	int:				
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles unization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status		
Regist Divisi	CET ADDRESS tration Section on of Corporation		Registr Divisio	ation : n of C	ADDRESS: Section Corporations		
	n Building Executive Cent	er Circle	P. O. B Tallaha		FL 32314		

INHS11 (06/15)

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

Ficken Consulting, LLC	r Name of Other Business Entity)	_ •
	•	
2. The "Other Business Entity" is a		_ •
(1	Enter entity type. Example: corporation, limited partnership general partnership, common law or business trust, etc.)	·,
First organized, formed or incorporat	ted under the laws of	
9/22/2004	(Enter state, or if a non-U.S. entity, the	e name of the country)
(date of organization, formation or incompared to the control of t	rporation)	
3. The name of the Florida Limited I Ficken Consulting, LLC	Liability Company as set forth in the attached Art	icles of Organization:
(Enter Name of	f Florida Limited Liability Company)	
4. If not effective on the date of filin	ng, enter the effective date:	_•
date this document is filed by the F date listed in the attached Articles	Florida Department of State; AND 2) must be the of Organization, if an effective date is listed them not meet the applicable statutory filing requirements, this date of State's records.	e same as the effective rein.)
f The along formation has been a	pproved in accordance with all applicable statutes.	
3. The plan of conversion has been a	pproved in accordance with an applicable statutes.	

Signed this day of	_ 20
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: John Ficken	Title: President
Signature(s) on behalf of Other Business Entity: [See below for required signature(s))
Signature:	
Printed Name: John Picken	Title: President
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature: Printed Name:	Title:
Signature:Printed Name:	Title:
Signature: Printed Name:	Title:
	1140.
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 Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabille 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	y is:	
Ficken Consulting, LLC		
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of th	e principal office of the Limited Lia	bility Company is:
Principal Office Address:	Mailing Address:	
11705 Boyette Rd	11705 Boyette Rd	
Suite 438	Suite 438	
Riverview, FL 33569	Riverview, FL 33569	
business entity with an active Florida registration.) The name and the Florida street address of t	he registered agent are:	
John Ficken		
N	ame	
12410 Wexford Hills Rd		
Florida street address (P.O. Box NOT acceptable)	
Riverview	FL 33569	
City	Zip	
Having been named as registered agent ar liability company at the place designate registered agent and agree to act in this ca statutes relating to the proper and comple accept the obligations of my position as	ed in this certificate, I hereby accept to pacity. I further agree to comply with ete performance of my duties, and I a	he appointment as h the provisions of all m familiar with and
Registered Agent s	Signature (REQUIRED)	SECS :
(CONT	finued)	ज ी
Pag	e 1 of 2	FIT STATE

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

	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager	John Ficken		
<u>P</u>	12410 Wexford Hills Rd	_	
	Riverview, FL 33569	_	
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an effective date is listed, the date must or 90 days after the date of filing.) te: If the date inserted in this block does not meet	be specific and cannot be more than five busin		s pri
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REQUIRED SIGNATURE	s records.		
RTICLE VI: Other provisions, if any. REQUIRED SIGNATURE Signature of a member	or an authorized representative of a member	er.	ed as t
RTICLE VI: Other provisions, if any. REQUIRED SIGNATURE Signature of a member This document is executed in acc	or an authorized representative of a member cordance with section 605.0203 (1) (b), Florida Statutes.	er.	ed as t
REQUIRED SIGNATURE Signature of a member This document is executed in acc I am aware that any false informa	or an authorized representative of a member cordance with section 605.0203 (1) (b), Florida Statutes, tion submitted in a document to the Department of State	er.	ed as t
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REQUIRED SIGNATURE Signature of a member This document is executed in acc I am aware that any false informa	or an authorized representative of a member cordance with section 605.0203 (1) (b), Florida Statutes, tion submitted in a document to the Department of State	er.	

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