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(Re	equestor's Name)		
(Ad	dress)	,	
(Address)			
(Cit	ty/State/Zip/Phone	a #0	
(CII	.y/State/Zip/P11011e	: # <i>)</i>	
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Nam	ne)	
(Do	ocument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		

Office Use Only



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COVER LETTER

TO:	New Filing So Division of C				
SURI	FCT. Solid Gro	und Consultants Corp			
3000	EC1.		sulting Florida Limit	ed Con	npany)
					nd fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please	return all corre	espondence concerning	g this matter to:		
David	j Smith				
Solid C	Ground	(Contact Person)		-	
		(Firm/Company)		-	
6600 T	aft st. ste 307			_	
	. =	(Address)			
Hollyw	vood , Fl 33024	City State and Zin Code		-	
ncs660	0@gmail.com	City, State and Zip Code)			
		e used for future annual re	port notifications)	-	
For fu	rther information	on concerning this ma	tter, please call:		
David	Smith		at (³⁰⁵) ³⁹⁴⁻¹	310 /time Telephone Number)
	(Name of Conta	ct Person)	(Area Code)	(Day	time Telephone Number)
		or the following amou a bank located in the	•	rocess	sed by this office must be payable in US
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles anization)	S155.00 Filing Fees and Certificate of Status	□S180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	ET ADDRES	S:			ADDRESS:
	Filing Section	ione	New Fi		
	on of Corporati n Building	IUIIS	P. O. B		Corporations 27
	Executive Cent	er			FL 32314

32301

Circle Tallahassee, FL

Articles of Conversion For "Other Business Entity"

Into

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.

Statutes.	
1. The name of the "Other Business Entity" Solid Ground Consultants Corp.	immediately prior to the filing of the Articles of Conversion is:
(Enter Name o	Other Business Entity)
2. The "Other Business Entity" is a Corporate	on
(Enter ent	ty type. Example: corporation, limited partnership, l partnership, common law or business trust, etc.)
First organized, formed or incorporated under	er the laws of Florida
02/23/2016 on	(Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or incorporation	·)
	Company as set forth in the attached Articles of Organization
Solid Ground Consultants LLC	· · · · · · · · · · · · · · · · · · ·
(Enter Name of Florida	Limited Liability Company)
4. If not effective on the date of filing, enter	the effective date: 02/09/2017
(The effective date: 1) cannot be prior to after the date this document is filed by the the effective date listed in the attached Ar	date of receipt or filed date nor more than 90 calendar days. Florida Department of State; <u>AND</u> 2) must be the same as ticles of Organization, if an effective date is listed therein.) the applicable statutory filing requirements, this date will not be listed as the
5. The plan of conversion has been approved	in accordance with all applicable statutes.
6. The "Converted or Other Business Entity" I which such members are entitled under ss.	has agreed to pay any members having appraisal rights the amount to 605.1006 and 605.1061-605.1072, F.S.
	17 FEB 16 SECRETARY DI TALLAHASSEE,

Signed	this <u>09</u>	day of Febuary	20 <u>17</u>	
Signatu	ure of Authori	zed Representative of	Limited Liability Company:	
Signatu Printed	re of Authoriz Name: <u>David Sn</u>	ed Representative:	Title: CEO	
	Y		ity: See below for required signature(s	s)]
Signatur Printed	re:D	wid ; Smith	Title: <u>CPO</u>	
Signatu	re:			
Signatu Printed	re: Name:		Title:	
			Title:	
Signatu	re:			
Signatu	re:			
<u>If Flori</u> Signatur	da Corporatio re of Chairman	<u>n:</u> , Vice Chairman, Directo		
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 other	ers: re of an authori	zed person.		
Fees:				
	Articles of Cor Fees for Florid Certified Copy Certificate of S	a Articles of Organizati	\$25.00 ion: \$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 Con	npany is:
,	
Solid Ground Consultants LLC	
(Must contain the words "Limi	ted Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address	of the principal office of the Limited Liability Company
Principal Office Address:	Mailing Address:
6600 Taft St ste 307	6600 TAFT ST STE 307

HOLLYWOOD, FL 33024

is:

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:

Hollywood, Fl 33024

David Smith	
N	lame
16950 N bay Rd 2202 b2	
Florida street address (P.O. Box NOT acceptable)
Sunny Isles	FL 33160
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)

Δ	R	TI	CL	\mathbf{F}	IV	<i>_</i>
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The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
David j Smith	6600 Taft St ste 307
	Hollywood, Fl. 33024
	
(Use attachment if necessary)	
an effective date is listed, the date is or to or 90 calendar days after the de: If the date inserted in this block does not ument's effective date on the Department of S	meet the applicable statutory filing requirements, this date will not be listed as the State's records.
TICLE VI: Other provisions, if any.	
	2
BEOWERS 22.22.	/
REQUIRED SIGNATURE:	
	mber or an authorized representative of a member.
Signature of a me This document is executed	mber or an authorized representative of a member. d in accordance with section 606.0203 (1) (b), Florida Statutes.
Signature of a me This document is executed I am aware that any false in	d in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State
Signature of a me This document is executed I am aware that any false in	d in accordance with section 605.0203 (1) (b), Florida Statutes.
Signature of a me This document is executed I am aware that any false in	d in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State elony as provided for in s.817.1155, F.S.
Signature of a me. This document is executed I am aware that any false is constitutes a third degree f	d in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State

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)