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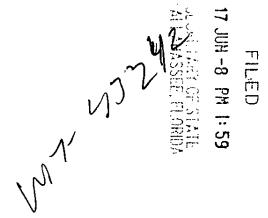
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
•
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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T. BURCH

COVER LETTER

TO:	New Filing Se Division of C					
STIR	JECT: ENDEAV	OUR CONSULTING LL	С			
5014	,EC1		sulting Florida Li	nited Con	npany)	
					nd fees are submitted to concern dance with s. 605.104.	
Pleas	e return all corre	espondence concernin	g this matter to):		
JOAN	NE ANATOLE					
		(Contact Person)				
-		(Firm/Company)				
317 V	IZCAYA DRIVE	(44)				
PAIA	1 BEACH GARDE	(Address)				
TALI	· · · · · · · · · · · · · · · · · · ·	City, State and Zip Code)				
jodian	,, atole@aol.com	ony, state and Zip Code)				
E-:	mail Address: (to b	e used for future annual re	port notifications)		
For fi	urther informati	on concerning this ma	tter, please cal	l:		
JOAN	INE ANATOLE		_at (²⁰³	856-5	5415	
	(Name of Conta	ct Person)	(Area Co	ie) (Day	ytime Telephone Number)	
		or the following amou a bank located in the			sed by this office must be	payable in US
(\$25 f	50.00 Filing Fees for Conversion 5 for Articles ganization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Fili and Certified C		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
	EET ADDRES	S:			ADDRESS:	
New Filing Section		New Filing Section				
	sion of Corporat	ions	Division of Corporations P. O. Box 6327			
	on Building Executive Cent	er			FL 32314	
	e Tallahassee, F		. 41.0			

32301



May 22, 2017

JOANNE ANTOLE 317 VIZCAYA DR PALM BEACH GARDENS, FL 33418

SUBJECT: ENDEAVOR CONSULTING LLC

Ref. Number: W17000043242

We have received your document for ENDEAVOR 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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.

Tim Burch Regulatory Specialist III

Letter Number: 317A00010175

Articles of Conversion For "Other Business Entity"

Into Florida Limited Liability Company

17 JUN -8 PM 2: 00

17 JUN -8 PM 2: 00

ALLAHASSEE, 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.

(Er	ter Name of Other Business Entity)
2. The "Other Business Entity" is	LIMITED LIABILITY COMPANY
• •	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorpo	rated under the laws of
on JULY 23, 2014 (date of organization, formation or in	(Enter state, or if a non-U.S. entity, the name of the country)
3. The name of the Florida Limite ENDEAVOUR CONSULTING LLC	d Liability Company as set forth in the attached Articles of Organization:
(Enter Name	e of Florida Limited Liability Company)
4. If not effective on the date of fi	ling, enter the effective date:
(The effective date: 1) cannot be after the date this document is fi the effective date listed in the att	eprior to date of receipt or filed date nor more than 90 calendar days led by the Florida Department of State; AND 2) must be the same as ached Articles of Organization, if an effective date is listed therein.) es not meet the applicable statutory filing requirements, this date will not be listed as the

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this J day of Jre	_ 20
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative:	Title: MEMBER
Signature(s) on behalf of Other Business Entity:	
Signature: Joane Anch	
Printed Name: JOANNE ANATOLE	Title: MEMBER
Signature:	
Signature: Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title.
Printed Name:	Title:
Signature:	
Printed Name:	Title:
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 Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy: Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)
Certificate of Status.	angle (Abriolist)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	:
,,	
ENDEAVOUR CONSULTING LLC	
(Must contain the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the p	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
317 VIZCAYA DRIVE	317 VIZCAYA DRIVE
PALM BEACH GARDENS, FL 33418	PALM BEACH GARDENS, FL 33418
(The Limited Liability Company cannot serve as its own Regi- business entity with an active Florida registration.) The name and the Florida street address of the	• , •
JOANNE ANATOLE	
Nan	ne
317 VIZCAYA DRIVE	
Florida street address (P.C	O. Box NOT acceptable)
PALM BEACH GARDENS	FL 33418
City	Zip
	to accept service of process for the above stated limite

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)

	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager	IOANNE ANATOLE	
MGR	JOANNE ANATOLE	-
	317 VIZCAYA DRIVE PALM BEACH GARDENS, FL 33418	-
	FALM BEACH GARDENS, FL 33418	-
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 5.00 Certificate of Status (Optional)

\$ 30.00 Certified Copy (Optional)

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

ARTICLE IV-