

L17000141642

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

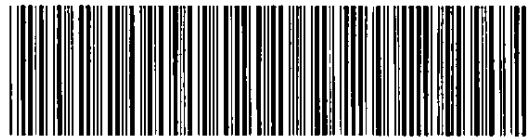
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W17-613758

Office Use Only



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05/22/17--01031--014 **165.00

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17 JUN 29 PM 1:33

T. BURCH
JUN 30 2017



DAVID CHICO
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www.davidchicolaw.com

May 1, 2017

Via US Mail

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

Re: Stronge and Associates Educational Consulting, LLC

Dear Sir or Madam:

Our firm represents Stronge and Associates Educational Consulting, LLC with respect to the above referenced Certificate of Cancellation.

Enclosed you will find:

- 1) Signed Articles of Conversion
- 2) Signed Articles of Organization
- 2) Check in the amount of \$185.00 payable to "Florida Department of State" (for certified copy and certificate of status)

If there are any questions or concerns regarding this certificate or any of the documents within please do not hesitate to contact our office.

Thank you for your attention to this matter.

Sincerely,

/s/ Javier Rodriguez
Paralegal
javyr@davidchicolaw.com

DC/jr
Enclosures

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Stronge and Associates Educational 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:

James H. Stronge
(Contact Person)
Stronge and Associates Educational Consulting LLC
(Firm/Company)
PO Box 470629 601 Market Street
(Address)
Celebration FL 34747
(City, State and Zip Code)
james.stronge@strongeandassociates.com
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

James H. Stronge at (757) 880-3881
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

<input type="checkbox"/> \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	<input type="checkbox"/> \$155.00 Filing Fees and Certificate of Status	<input type="checkbox"/> \$180.00 Filing Fees and Certified Copy	<input checked="" type="checkbox"/> \$185.00 Filing Fees, Certified Copy, and Certificate of Status
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STREET ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center
Circle Tallahassee, FL
32301

MAILING ADDRESS:
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 23, 2017

JAMES H STRONGE
PO BOX 470629
CELBRATION, FL 34747

SUBJECT: STRONGE AND ASSOCIATES EDUCATIONAL CONSULTING, LLC
Ref. Number: W17000043758

We have received your document for STRONGE AND ASSOCIATES EDUCATIONAL CONSULTING, LLC and your check(s) totaling \$185.00. 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.

Tim Burch
Regulatory Specialist III

Letter Number: 417A00010308

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

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17 JUN 29 PM 1:33
CLERK OF THE COURT
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: Stronge and Associates Educational Consulting LLC

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a limited liability 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 New Hampshire
(Enter state, or if a non-U.S. entity, the name of the country)
on Decembe23, 2011
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

Stronge and Associates Educational Consulting LLC
(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: _____
(The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 calendar 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.

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 26th day of April 2017.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: James H. Stronge
Printed Name: James H. Stronge Title: CEO/Manager

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

Signature: James H. Stronge
Printed Name: James H. Stronge Title: Authorized Representative
CEO

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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Stronge and Associates Educational Consulting, LLC

(Must contain the words "Limited 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 is:

Principal Office Address:

1544 Resolute St.

Celebration FL 34747

Mailing Address:

PO Box 470629

Celebration FL 34747

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:

James H. Stronge

Name

1544 Resolute St.

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

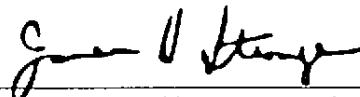
Celebration

FL 34747

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager
Manage

Name and Address:

James H. Stronge

PO Box 470629

Celebration FL 34747

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(Use attachment if necessary)

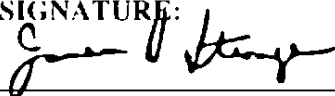
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

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

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.

James H. Stronge

Typed or printed name of signee

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)