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(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:





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11/30/17-+01023--012 **125.00

11/30/17--01023--013 **35.00

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: The Cummings Consulting Group, Inc.
Name of Florida Profit Corporation
The enclosed Certificate of Conversion and fee(s) are submitted to convert a Florida Profit Corporation into an "Other Business Entity" in accordance with s. 607.1113, F.S.
Please return all correspondence concerning this matter to:
Charles H. Keller, Esq.
Contact Person
Thames Markey & Heekin, P.A.
Firm/Company
50 North Laura Street, Ste 1600
Address
Jacksonville, Florida 32202
City, State and Zip Code
chk@tmhlaw.net
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Shelley Jenkins at (904) 358-4000
Name of Contact Person Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:
\$35.00 Filing Fee and Certificate of Status \$43.75 Filing Fee and Certified Copy Status \$43.75 Filing Fee Certified Copy Certified Copy and Certificate of Status
STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: Amendment Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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

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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 The Cummings Consulting Group, Inc.	Entity" immediately pr	rior to the filing of the Articles of Conversion is:
(Enter	Name of Other Business E	ntity)
2. The "Other Business Entity" is a	corporation limited partne	Pof - 10496 rship, general partnership, common law or business trust, etc.)
	•	lorida er state, or if a non-U.S. entity, the name of the country)
on 02/03/2009 (date of organization, formation or incompanion)	rporation)	et forth in the attached Articles of Organization:
The Cummings Consulting Group, LLC		
(Enter Name of	f Florida Limited Liability (Company)
the date this document is filed by t	or to date of receipt or he Florida Department not meet the applicable state	filed date nor more than 90 calendar days after
5. The plan of conversion has been a	pproved 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.

day of No	ovember	20_17	
Signature of Authorized Repre	esentative of Limi	ed Liability Company:	
Signature of Authorized Represe Printed Name: William T. Cumming	entative: W.	Title: Manager	
Signature(s) on behalf of Other Signature: Printed Name: William T. Cumming	Business Entity:	See below for required signa	
Printed Name: William T. Cumming	,	Title: Director / President	<u>\</u>
Signature:		Title:	\
Signature:			
rinted Name:		Title:	
nature:			
ted Name:		_ Title:	
'ure:			
' Name:		Title:	
3;			
ame:		Title:	
Corporation: Chairman, Vice Chair Officers have not be	been selected, an Inc	orporator must sign.	
<u>eral Partnership</u> General Partner.	or Limited Liabilit	y Partnership:	
d <u>Partnership</u> General Partne		y Limited Partnership:	
ized person	ı .		
ersion: rticles	of Organization:	\$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 is:	
The Cummings Consulting Group, LLC	
(Must contain the words "Limited Liability	· Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2095 Salt Myrtle Lane	2095 Salt Myrtle Lanc
Fleming Island, Florida 32003	Fleming Island, Florida 32003
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the rewilliam T. Cummings	ered Agent. You must designate an individual or another
Name	
2095 Salt Myrtle Lane	
Florida street address (P.O.	Box NOT acceptable)
Fleming Island	FL 32003
City	Zip
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete paccept the obligations of my position as reg	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of aborformance of my duties, and I am familiar with and eistered agent as provided for in Chapter 605, F.S

(CONTINUED)

The name and address of each person Company:	n authorized to manage and control the Limited Liability
Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MCD	William T. Cummings

MGR	William T. Cummings	_
	2095 Salt Myrtle Lane	_
	Fleming Island, Florida 32003	-
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(Use attachment if necessary)	<u> </u>	33
ARTICLE V: Other provisions, if any. This Company is formed for any and all lawful business purposes.		
	-	

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.

William T. Cummings, Member

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)