# L18000028187

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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
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Office Use Only



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18 JAN 30 PM 4: 18

T. BURCH FEB 1 2018

# **COVER LETTER**

TO:	New Filing S Division of C				
CLID		e Consulting and Research	, LLC		
SUB	JECI:	(Name of Res	sulting Florida	Limited Con	mpany)
			-		nd fees are submitted to convert an "Othe coordance with s. 605.1045, F.S.
Pleas	e return all corr	espondence concernin	g this matter	to:	
Rebec	ea S Bachelder				
		(Contact Person)		<del></del>	
Bluef	ame Consulting an	d Research Company, LLC	Ç		
		(Firm/Company)			
12414	McGregor Woods	Circle			
<del></del>		(Address)		<del></del>	
Fort N	Ayers, FL 33908				
		City, State and Zip Code)			
rbache	elder@bflame.com	•			
— <u>—</u> E-	mail Address: (to h	e used for future annual re	port notificatio	ns)	
For f	urther informati	on concerning this ma	tter, please c	all:	
Rebec	ca Bachelder		at ( <sup>781</sup>	\ <sup>248-5</sup>	5376
	(Name of Conta	act Person)		Code) (Day	ytime Telephone Number)
		for the following amou a bank located in the		-	sed by this office must be payable in US
(\$25 f & \$12	50.00 Filing Fees or Conversion 5 for Articles ganization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180,00 F and Certified		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STR	EET ADDRES	S:	M	AILING A	ADDRESS:
	Filing Section			w Filing S	
	ion of Corporat	ions	Di	vision of C	Corporations
	n Building			O. Box 63	
2661	Executive Cent	er Circle	$T_2$	llahassee	EL 32314

Tallahassee, FL 32301



January 12, 2018

REBECCA BACHELDER 12414 MCGREGOR WOODS CIRCLE FORT MYERS, FL 33908

SUBJECT: BLUEFLAME CONSULTING, LLC

Ref. Number: W18000003637

We have received your document for BLUEFLAME 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Letter Number: 518A00000829

Tim Burch Regulatory Specialist III

www.sunbiz.org

### **Articles of Conversion**

For

# "Other Business Entity"

Into

## Florida Limited Liability Company

18 JAN 30 PM 4:

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.

I. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  Blueflame Consulting, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Massachusetts limited liability company  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
2-2-2009 On
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Blueflame Consulting and Research, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
(The effective date: 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.)
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 25	th day of January	20_18
	Authorized Representative of Lin	
Signature of A Printed Name:	Authorized Representative: Rebecca Bachelder	Title: President
·		[See below for required signature(s)]
Signature:	Ches 5 Bull	de-
Printed Name	Rebecca Bachelder	Title: President
C:		
Printed Name:		Title:
Timed Pame.		
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
<b>a</b> :		
Signature:		Title:
Timed Name.		True.
Signature:		
Printed Name:		Title:
	rporation: hairman, Vice Chairman, Director, c Officers have not been selected, an	
	<mark>neral Partnership or Limited Liab</mark> ne General Partner.	ility Partnership:
	nited Partnership or Limited Liab ALL General Partners.	ility Limited Partnership:
All others: Signature of a	n authorized person.	
Fees:		
Fees for Certifi	es of Conversion: or Florida Articles of Organization: led Copy:	\$30.00 (Optional)
Cerun	cate of Status:	\$5.00 (Optional)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Blueflame Consulting	g and Research, LLC	
(N	fust contain the words "Limited Lia	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - A The mailing addre		e principal office of the Limited Liability Company is:
Principal Office	Address:	Mailing Address:
12414 McGregor Wo		same
1 With your 12 3070		
business entity with an	Company cannot serve as its own R active Florida registration.)  Florida street address of the Rebecca S Bachelder	he registered agent are:
	N	ame
	12414 McGregor Woods Circ	cle
		ele P.O. Box <u>NOT</u> acceptable)
	Florida street address (l	P.O. Box NOT acceptable)

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Α	RT	ICI	F	IV-
~			41	1 V -

. . •

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

Title:	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager			
AMBR	Rebecca S Bachelder		
	12414 McGregor Woods Circle		
	Fort Myers, FL 33908	_	
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		_ <u>CB</u>	
(Use attachment if necessary)			
(			
ARTICLE V: Other provisions, if any.			
ARTICLE V. Other provisions, it any.			
			_
			_
<u>REQUIRED</u> SIGNATURE:	, ,		
$(P) \subseteq A$			
Mylana St. 31	shide	_	
	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 docur	ment to the Department of State constitutes a third degree fe	lony	
as provided for in s.817.155, F.S.			
Rebecca S Bachelder			
<del></del>	ped or printed name of signee	_	
1 y	ped of 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)