

L180000034367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2018 FEB -5 PM 6:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. PAGE  
FEB 08 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 30, 2018

CHRISTOPHER BECK  
1699 TIMBER CROSSING LANE  
JACKSONVILLE, FL 32225

SUBJECT: SOAR CONSULTING, LLC  
Ref. Number: W18000009582

We have received your document for SOAR CONSULTING, LLC and your check(s) totaling \$180.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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.

Keyna E Page  
Regulatory Specialist II

Letter Number: 318A00001939

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** SOAR 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:

CHRISTOPHER BECK

(Contact Person)

SOAR CONSULTING, LLC.

(Firm/Company)

1699 TIMBER CROSSING LANE

(Address)

JACKSONVILLE, FL 32225

(City, State and Zip Code)

CBECK@SOARCAREERS.COM

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

CHRISTOPHER BECK

at ( 904 ) 537-2736

(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)

☐ \$150.00 Filing Fees  
(\$25 for Conversion  
& \$125 for Articles  
of Organization)

☐ \$155.00 Filing Fees  
and Certificate of  
Status

☒ \$180.00 Filing Fees  
and Certified Copy

☐ \$185.00 Filing Fees.  
Certified Copy, and  
Certificate of Status

**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

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

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:  
SOAR CONSULTING, INC. PO2000151986  
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a 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 FLORIDA  
(Enter state, or if a non-U.S. entity, the name of the country)

on 12/16/2002  
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:  
SOAR 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: 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 19 day of JANUARY 2018.

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative: 

Printed Name: CHRISTOPHER BECK

Title: MEMBER

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

Signature: 

Printed Name: CHRISTOPHER BECK

Title: PRESIDENT / INCORPORATOR

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)

Karen 4870  
 Kathy 4920  
 Kenny 4891  
 Kim 4842  
 Kyle 4969  
 Leah 4919  
 Lee R. 4958  
 Lee Y. 4956  
 Lewis 4828

Tina 4806  
 Tom 4074  
 Tracy 4957  
 Tyrone 4805  
 Valerie 4962  
 Vince 4932  
 Westlee 4836  
 Willie 4926  
 Yasmin 4914

Kenny 4293

**Juan**

**4904**

Sections

Corporation Amendments 4050  
 Annual Reports 4056  
 Apostilles 4945  
 Cable Franchising 4010  
 Certifications 4053  
 Desktop Support 251 - 2838  
 Document Imaging 4830  
 Fictitious Names 4058

**Daniel**

**Kyle**

**Katherine**

**6916**

**4821**

**4954**

Fiscal

Front Counter

Internet Support

Judgement Liens

New Filings

Registrations

Reinstatements

Service of Process

Brooke

0050

Volunteer

245-6056

245-6056

Consumer Services  
 Int. Gen. Office

or  
 C of Status - Cert.

Dept. of Rev. - 800-352-3671 - State Taxes

Fax # - 850-245-6804

2-850-245-6381

Mailing Address:

P.O. Box 6327

Tally, FL 32314

Consumer

Consumer Fraud  
 Corp. Public Inquiry  
 850 488 9000

Charitable Solicitations  
 Dept. Agriculture &  
 Consumer Services

Fax Filing #

850-671-6381

IRS #

1800-824-4933

CORICHR - Put doc # in

Consumer

IT-245-6739  
 (4939)

Fax: 850-245-6013

Address:

P.O. Box 6327

Tally, FL 32314

2661 E. ...  
 Center ...  
 Tally, FL 32314

245-6056

Put doc #

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

SOAR 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:

1699 TIMBER CROSSING LANE  
JACKSONVILLE, FL 32225

#### Mailing Address:

1699 TIMBER CROSSING LANE  
JACKSONVILLE, FL 32225

### 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:

CHRISTOPHER BECK

Name

1699 TIMBER CROSSING LANE

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

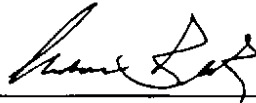
JACKSONVILLE

City

FL 32225

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))

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

CHRISTOPHER BECK

1699 TIMBER CROSSING LANE

JACKSONVILLE, FL 32225

(Use attachment if necessary)

**ARTICLE V: 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.

CHRISTOPHER BECK

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)**