# 18000130023

(F	Requestor's Name)	
(/	Address)	
(/	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	WAIT [	MAIL
(1)	Business Entity Name)	
(1)	Document Number)	
Certified Copies	Certificates of Sta	atus
Special Instructions to Filing Officer:		

Office Use Only



400313361064

400313361064 05/22/18--01017--014 \*\*185.00

18 MAY 22 AM 10: 03
SECRETARY OF STATE
TALL AHASSEE, FLORIDA

FILED

MAY 2.5 2018 T SCHROEDER

### **COVER LETTER**

SUBJECT: Briter Consulting LLC  (Name of Resulting Florida Limited Company)  The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Othe Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045. F.S.  Please return all correspondence concerning this matter to:  Brian Glasser  (Contact Person)  Briter Consulting LLC  (Firm/Company)  1044 Grand Isle Terrace  (Address)  Palm Beach Gardens. Fl. 33418  (City. State and Zip Code)  briter@glasserny.com  E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  Teresa Glasser  (Name of Contact Person)  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)
(Name of Resulting Florida Limited Company)  The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Othe Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605,1045, F.S.  Please return all correspondence concerning this matter to:  Brian Glasser  (Contact Person)  Briter Consulting LLC  (Firm/Company)  1044 Grand Isle Terrace  (Address)  Palm Beach Gardens, FL 33418  (City, State and Zip Code)  briter@glasserny.com  E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  Teresa Glasser  (Name of Contact Person)  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)
Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.  Please return all correspondence concerning this matter to:  Brian Glasser  (Contact Person)  Briter Consulting LLC  (Firm/Company)  1044 Grand Isle Terrace  (Address)  Palm Beach Gardens, FL 33418  (City, State and Zip Code)  briter@glasserny.com  E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  Teresa Glasser  (Name of Contact Person)  at (561) 855-2907  (Name of Contact Person)  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)
Britar Glasser  (Contact Person)  Briter Consulting LLC  (Firm/Company)  1044 Grand Isle Terrace  (Address)  Palm Beach Gardens. FL 33418  (City. State and Zip Code)  briter@glasserny.com  E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  Teresa Glasser  (Name of Contact Person)  at (561 ) 855-2907  (Name of Contact Person)  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)
(Contact Person)  Briter Consulting LLC  (Firm/Company)  1044 Grand Isle Terrace  (Address)  Palm Beach Gardens. FL 33418  (City. State and Zip Code)  briter@glasserny.com  E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  Teresa Glasser at (561) 855-2907  (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)
Briter Consulting LLC  (Firm/Company)  1044 Grand Isle Terrace  (Address)  Palm Beach Gardens. FL 33418  (City. State and Zip Code)  briter@glasserny.com  E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  Teresa Glasser  (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)
(Firm/Company)  1044 Grand Isle Terrace  (Address)  Palm Beach Gardens. FL 33418  (City. State and Zip Code)  briter@glasserny.com  E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  Teresa Glasser  (Name of Contact Person)  at (561 ) 855-2907  (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)
Palm Beach Gardens, FL 33418  (City, State and Zip Code)  briter@glasserny.com  E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  Teresa Glasser  (Name of Contact Person)  at (561 ) 855-2907  (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)
Palm Beach Gardens, FL 33418  (City, State and Zip Code)  briter@glasserny.com  E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  Teresa Glasser  (Name of Contact Person)  at (561) 855-2907  (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)
Palm Beach Gardens. FL 33418  (City, State and Zip Code)  briter@glasserny.com  E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  Teresa Glasser  at (561) 855-2907  (Name of Contact Person)  (Name of Contact Person)  (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)
(City, State and Zip Code)  briter@glasserny.com  E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  Teresa Glasser  at (561 ) 855-2907  (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)
E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  Teresa Glasser  at (561 ) 855-2907  (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)
E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  Teresa Glasser  at (561 ) 855-2907  (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)
For further information concerning this matter, please call:  Teresa Glasser  at (561 ) 855-2907  (Name of Contact Person)  (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)
Teresa Glasser  at (561) 855-2907  (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)
(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)
(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)
dollars and drawn on a bank located in the United States)
Total on the control of the control
□ \$150.00 Filing Fees (\$25 for Conversion & and Certificate of & and Certified Copy & Certified Copy & Certificate of & Status & Certificate of Status & Certificate & Certific
STREET ADDRESS: MAILING ADDRESS:
New Filing Section New Filing Section
Division of Corporations  Division of Corporations
Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

# **Articles of Conversion**

For

# "Other Business Entity"

Into

### Florida Limited Liability Company

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 Entity" immediately prior to the filing of the Articles of Conversion is Briter 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 (Enter state, or if a non-U.S. entity, the name of the country)	
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	on:
Briter 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 at 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 which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.  ALLAHAY 22 AND  ALLAHAY 22 AND  ALLAHAY 25 FLOOR STEEL FL	l to

Signature of Authorized Representative of Limited Liability Company:  Signature of Authorized Representative: Brink Brian R Glasser  Printed Name: Brian R Glasser  Title: Member  Signature(s) on behalf of Other Business Entity: [See below for required signature]	
Printed Name: Brian R Glasser Title: Member	
Printed Name: Brian R Glasser Title: Member	
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]	
	gnature(s)
Signature: Tau a Haser	•
Printed Name: Teresa A Glasser Title: Member	
Frinted Name; Telesa & Chasser Title: Memor	
Signature:	
Signature: Title:	
Signature: Title:	
Frinted Name:	
Signature:	
Signature: Title:	
Signature: Title:	<del></del>
Fillited Name Fille	
Signature:	
Printed Name: Title:	
TOTAL CO. CO.	
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	

\$30.00 (Optional) \$5.00 (Optional)

Certified Copy: Certificate of Status:

TILED

18 MAY 22 AM 10: 03

SEUREJARY OF STATE
ALLAHASSEF, FLOBIE

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	e Limited Liability Company		
Briter Consulting			
	(Must contain the words "Limited Lia	ibility Company, "L.L.C.," or "LLC.")	
ARTICLE II - The mailing add		e principal office of the Limited	l Liability Company is:
Principal Offic	ce Address:	Mailing Address:	
1044 Grand Isle T	`errace	1044 Grand Isle Terrace	
Palm Beach Garde	ens, FL 33418	Palm Beach Gardens, FL 334	118
The name and t	Brian Glasser  Name		18 #AY SECRE
	1044 Grand Isle Terrace		IL 1AR ASS
		P.O. Box NOT acceptable)	m
	Palm Beach Gardens	FL 33418	AH 10: 0  OF STATI
	City	Zip	
liability co registered ag statutes relo	ompany at the place designate ent and agree to act in this ca ating to the proper and comple	nd to accept service of process for d in this certificate, I hereby accepacity. I further agree to complete performance of my duties, and registered agent as provided for the second services.	ept the appointment as y with the provisions of all ad I am familiar with and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

#### ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	Brian Glasser
	1044 Grand Isle Terrace
	Palm Beach Gardens, FL 33418
MGR	Teresa Glasser
<del></del>	1044 Grand Isle Terrace
	Palm Beach Gardens, FL 33418
<del></del>	
(Use attachment if necessary)	As =
	で で の の の の の の の の の の の の の
ADTICLE V. Oshan mandalana di anni	TIL MAY 22 SEURE JARY ALLAHASSE
ARTICLE V: Other provisions, if any.	22 VARY
	Üc <b>&gt; ∏</b>
	7.0 <b>E</b> C
· · · · · · · · · · · · · · · · · · ·	FLORIDA
REQUIRED SIGNATURE:	A 0 101
12	nim K Mann
۱ ـ	J-40 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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.

Brian R Glasser

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)