# L180020234136

(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:
Special instructions to Filling Onicer.

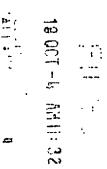
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# **COVER LETTER**

Division of Corporations		
SUBJECT: JRCSRC, LLC		
	of Resulting Florida Limited Co	ompany)
The enclosed Articles of Conversion, A Business Entity" into a "Florida Limite	~	nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all correspondence conce	erning this matter to:	
Donald Appignani, Esq.		· · · · · · · · · · · · · · · · · · ·
(Contact Person)		
Donald Appignani, P.A.		
(Firm/Company)		
389 Palm Coast Pkwy., SW, #4		A CONTRACTOR OF THE CONTRACTOR
(Address)		## :: ## :: 22
Palm Coast, FL 32137		
(City, State and Zip Co	ode)	
bconochalla@gmail.com		
E-mail Address: (to be used for future annu	ual report notifications)	
For further information concerning this	s matter, please call:	
Donald Appignani, Esq.	at (386)206	-9170
(Name of Contact Person)		aytime Telephone Number)
Enclosed is a check for the following a dollars and drawn on a bank located in		ssed by this office must be payable in US
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) □ \$155.00 Filing F and Certificate of Status	ees S180.00 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	New Filing	Corporations 327

Tallahassee, FL 32301

TO: New Filing Section

## **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: JRC Consulting, LLC
	(Enter Name of Other Business Entity)
2.	The "Other Business Entity" is a
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
Fi	rst organized, formed or incorporated under the laws of
	(Enter state, or if a non-U.S. entity, the name of the country)
or	03/01/2006
٠.	date of organization, formation or incorporation)
	JRCSRC, LLC  (Enter Name of Florida Limited Liability Company)
4.	If not effective on the date of filing, enter the effective date:  Date of Filing
(	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.)  ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument'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 2nd day of October	20 <u>18</u> .	
Signature of Authorized Representati	ve of Limited Liability Company:	
Signature of Authorized Representative:	Thurstone	
Printed Name: Donald Appignani, Esq.	Title: Attorney	_
Signature(s) on behalf of Other Busines	ss Entity: [See below for required signature(s)]	
Signature: Jul R Chile		
Printed Name: Joseph Conochalla	Title: Authorized Member	<b>-</b>
Signature:	Title:	_
Printed Name:	Title:	_
Signature:		_
Printed Name:	Title:	_
Signature		
Printed Name:	Title:	_
		-
Signature:	mi i	_
Printed Name:	Title:	-
Signature:		
Printed Name:	Title:	_
If Florida Corporation:		
Signature of Chairman, Vice Chairman, D	Director, or Officer.	
If Directors or Officers have not been sele		.?÷a
		1
If Florida General Partnership or Limit Signature of one General Partner.	ted Liability Partnership:	100
Signature of one General Partiter.		
If Florida Limited Partnership or Limit	ted Liability Limited Partnership:	
Signatures of <u>ALL</u> General Partners.		АĦ
All others:		AH 11: 32
Signature of an authorized person.		. ⇔
J		
Fees:		
Articles of Conversion:	\$25.00	

\$125.00

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: \$30.00 (Optional) \$5.00 (Optional)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

JRCSRC, LLC				
(Must con	tain the words "Limited Li	iability Company, "L.L.C.," or "LLC.")	•	<del></del>
ARTICLE II - Addres	s:			
The mailing address and	d street address of th	ne principal office of the Limito	ed Liability	y Company is
Principal Office Addre	ess:	Mailing Address:		
61 Flagler Drive		61 Flagler Drive		
Palm Coast, FL 32137		Palm Coast, FL 32137		<del></del>
ARTICLE III - Regist	ered Agent, Regist	ered Office, & Registered Ag	ent's Sign	ature:
ARTICLE III - Regist (The Limited Liability Compan business entity with an active	y cannot serve as its own l	ered Office, & Registered Ag Registered Agent. You must designate an	ent's Sign	another
(The Limited Liability Compan business entity with an active	y cannot serve as its own f Florida registration.)	ered Office, & Registered Ag Registered Agent. You must designate an the registered agent are:	ent's Sign individual or	ature: another
(The Limited Liability Companbusiness entity with an active) The name and the Florida	y cannot serve as its own f Florida registration.)	Registered Agent. You must designate an	ent's Sign individual or	another
(The Limited Liability Companbusiness entity with an active) The name and the Florida	y cannot serve as its own before the serve as its own befo	Registered Agent. You must designate an	ent's Sign individual or	another  18 OCT -1
(The Limited Liability Companbusiness entity with an active) The name and the Florida Dona	y cannot serve as its own before the serve as its own befo	Registered Agent. You must designate an the registered agent are:	individual or	another  18 OCT -1
(The Limited Liability Companbusiness entity with an active)  The name and the Florida Don:  389	y cannot serve as its own beforida registration.)  da street address of the ald Appignani  Palm Coast Pkwy., S.W	Registered Agent. You must designate an the registered agent are:	ent's Sign individual or	another 180 OCT
The name and the Florid Done 389	y cannot serve as its own beforida registration.)  da street address of the ald Appignani  Palm Coast Pkwy., S.W	Registered Agent. You must designate an the registered agent are:  Name	individual or	another  18 OCT -1

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)

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

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Joseph Conochalla
	61 Flagler Drive
	Palm Coast, FL 32137
AMBR	Susan Conochalla
<del></del>	61 Flagler Drive
	Palm Coast, FL 32137
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(Use attachment if necessary)	
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(Use attachment if necessary)  CLE V: Other provisions, if any.	
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CLE V: Other provisions, if any.	
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CLE V: Other provisions, if any.  REQUIRED SIGNATURE:	
CLE V: Other provisions, if any.  REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:  Signature of a member or	an authorized representative of a member
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance	e with section 605.0203 (1) (b), Florida Statutes. I am aware th
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware thument to the Department of State constitutes a third degree felo
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a document in a docum	e with section 605.0203 (1) (b), Florida Statutes. I am aware th

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)