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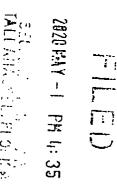
(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
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Special Instructions to	Filing Officer:	
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Office Use Only



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SUBJECT: Consultants First Revenue Management Solutions, 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:
Michelle Ruiz
Consultants First Revenue Management Solutions, LLC (Firm/Company)
1806 Iranicod Nay (Address)
Kissimmee TL 34746 (City, State and Zip Code) Consultants 1 STaramail. Com E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
Mühelle Puiz at (631) 512-6360 (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 and Certificate of Status Status □ \$150.00 Filing Fees and Certified Copy and Certificate of Status □ \$180.00 Filing Fees Certified Copy, and Certificate of Status

New Filing Section

Division of Corporations

TO:

Mailing Address:
New Filing Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address:

New Filing Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Conversion

For

"Other Business Entity"

Into

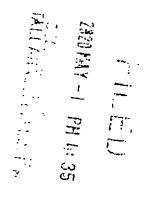
Florida Limited Liability Company

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.

Lonsultants First Revenue Management Solutions, LLC (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Limitity Company (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of New York (Enter state, or if a non-U.S. entity, the name of the country)
on Quite of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Longularie First Revenue Maragement Solutions, LCC (Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date <u>(Dril 29.2020)</u> (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 29 day of 42 21	20_ <i><2C</i>
Signature of Authorized Representative of Lim	
Signature of Authorized Representative: ////// Printed Name: ////////////////////////////////////	Title: (1)
Signature(s) on behalf of Other Business Entity:	
Signature: Molecular Rus Printed Name: Michaella Rus	Title: <u>CEO</u>
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$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:	
Consultants First Revenue / (Must contain the words "Limited Liability	Manuament Solutions, LLC. Company. "L.L.C." or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1806 Ironwood Way Rissimmee, FT 314746	1806 Transpord Way Kissinmee, FT 34746
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 re	egistered agent are:
Mishelle Ruiz- Name	
1906 I Tonwood Florida street address (P.O.	Box NOT acceptable)
<u>Kissimove</u>	FL 34746
City	Δlp

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)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Michelle-Ruiz
AMBR	Kissimmer, FL. 3474/ Lauren (Clon)
	KIESIMONER, FL 34746
	
(Use attachment if necessary)	
CLE V: Other provisions, if any.	

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.

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)