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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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D O'KEEFE JAN 1 2 2021

W2-145396

KATZ TELLER

Amy E. Brown • Phone: (513) 977-3486 • Fax: (513) 762-0086 • abrown@katzteller.com

January 6, 2021

FEDERAL EXPRESS

Mr. Daniel L. O'Keefe New Filing Section - Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Ste 810 Tallahassee, FL 32303

Re: Orasi Consulting LLC

Dear Mr. O'Keefe:

In response to your letter of December 22, enclosed for filing are the updated Articles of Conversion and Articles of Organization of the above entity. Our firm's check in the amount of \$150.00 was not returned. I spoke with your office last week regarding the status of the filing and was informed I would receive a return letter with instructions for filing. I was further informed that the original filing date and effective date would be honored upon the timely return of documents and request of same. **Kindly process the filing with the original dates** and return evidence to my attention in the enclosed envelope.

Thank you for your assistance, should you have any questions please contact me.

Sincerely,

Amy E. Brown

Corporate Paralegal

Enclosures

cc: David W. Jahnke, Esq.

4816-9494-6516, v. 2



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 22, 2020

raud 1/5/21

AMY BROWN KATZ TELLER 255 E FIFTH ST STE 2400 CINCINNATI, OH 45202

SUBJECT: ORASI CONSULTING LLC

Ref. Number: W20000145396

We have received your document for ORASI CONSULTING LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the marked sections in the Articles of Conversion. A signature is missing.

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.

DANIEL LO'KEEFE Regulatory Specialist II

Letter Number: 320A00025939

COVER LETTER

TO:	New Filing S Division of C				
SUR.	JECT: Orași Co	onsulting LLC			
осв.		(Name of Res	sulting Florida Limit	ed Con	mpany)
					nd fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Pleas	e return all corr	espondence concernin	g this matter to:		
Amy	Brown				
		(Contact Person)		-	
Katz	Teller			_	
		(Firm/Company)			
255 E	Fifth St Ste 240				
		(Address)			
Cinci	nnati OH 45202			_	
		City, State and Zip Code)			
	wn@katzteller.co		- ···		
E-	mail Address: (to b	be used for future annual re	port notifications)		
For fi	urther informati	on concerning this ma	tter, please call:		
Amy	Brown		at (⁵¹³	977-	3486
	(Name of Cont	act Person)		(Day	rtime Telephone Number)
		for the following amou a bank located in the		roces	sed by this office must be payable in US
(\$25 f	50.00 Filing Fees or Conversion (5 for Articles ganization)	_\$155.00 Filing Fees and Certificate of Status	=\$180.00 Filing and Certified Cop		_\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing S			Stree	t Address: Filing Section
	Division of C				ion of Corporations
	P.O. Box 632	27		The C	Centre of Tallahassee
	Tallahassee.	FL 32314		2415	N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Conversion

For

"Other Business Entity"

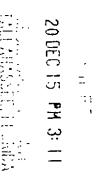
Into

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Orași Consulting LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a 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)
08/07/2006 on .
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:
Orasi 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
- 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 144 day of December	_20 <u>_20</u>	
Signature of Authorized Representative of Lim	ited Liability Company:	
Signature of Authorized Representative:		
Signature of Authorized Representative:	len Hauler	
Printed Name: Stelene Sattler	Title: PRESIDENT	
Signature(s) on behalf of Other Business Entity:		
Signature: Stilen Sattle	ie ,	X
Printed Name: Stolene Sattler	Title: President	-()
•		- X
Signature:	·	_
Printed Name:	Title:	- .
Signature: Printed Name:	Title	_
Times Times,		-
Signature:		
Signature: Printed Name:		_
Signature: Printed Name:	1 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	_
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 In	corporator must sign.	
If Florida General Partnership or Limited Liabili	And White has a supplier.	
Signature of one General Partner.	tyarantmersmp;	
Signature of one designar a mater.		
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:	
Signatures of ALL General Partners.	er en vriger gemeen van de de vriger in 1946 in 1950. De verste gemeent van de verste gemeent de verste gemeent de verste gemeent de verste gemeent de verste gemeen	
411 .41		
All others: Signature of an authorized person.		
Signature of an authorized person.		
Fees:		
Articles of Conversion:	\$25.00	Ţ,
Fees for Florida Articles of Organization:	\$125.00	== :
Certified Copy:	\$30.00 (Optional)	
Certificate of Status:	\$5.00 (Optional)	
	· -	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - No. The name of the l	ame: Limited Liability Company	is:		
Orasi Consulting L		oility Company, "L.L.C.," or "LLC.")		
ARTICLE II - A The mailing addre		principal office of the Limited Lie	ability Comp	oany is:
Principal Office	Address:	Mailing Address:		
25710 Hickory Blv	d	25710 Hickory Blvd #410A		
Bonita Springs, FL	. 34134	Bonita Springs, FL 34134		
	a active Florida registration.) Florida street address of th Stelene Sattler Na	e registered agent are:		
	25710 Hickory Blvd, #410A			
		O. Box NOT acceptable)		
	Bonita Springs	FL ³⁴¹³⁴		
	City	Zip		
liability com registered agent statutes relatin	pany at the place designatea t and agree to act in this cap ig to the proper and complet	I to accept service of process for the lin this certificate, I hereby accept to acity. I further agree to comply with performance of my duties, and I aregistered agent as provided for in a function of the service (REOLIRED)	the appointm th the provisi am familiar w	ent as ions of a with and

(CONTINUED)

A	R	rı	CI	Æ.	IV-

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

<u>l'itle:</u> "AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Stelene Sattler
, mart	25710 Hickory Blvd, #410A
	Bonita Springs, FL 34134
	Builta Springs, FL 34134
	
	
	
	
Use attachment if necessary)	
E V: Other provisions, if any.	
REQUIRED SIGNATURE:	1. He
REQUIRED SIGNATURE:	Aattle
Signature of a member of This document is executed in accordant	r an authorized representative of a member ce with section 605.0203 (1) (b), Florida Statutes. I am aware th
Signature of a member of This document is executed in accordan any false information submitted in a doc as provided for in s.817.155, F.S.	r an authorized representative of a member ce with section 605.0203 (1) (b), Florida Statutes. I am aware th
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