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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	_

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T. SCOTT



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COVER LETTER

Division of Corporations			
SUBJECT: Raymond Consulting, LLC			
(Name of Re	sulting Florida Lim	ited Cor	npany)
The enclosed Articles of Conversion, Articles Entity" into a "Florida Limited L	cles of Organizat Liability Compan	ion, an y" in a	nd fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all correspondence concerning	ng this matter to:		
Catherine Raymond			
(Contact Person)		_	
Raymond Consulting, Inc.			
(Firm/Company)		_	
623 Palermo Ave			
(Address)		-	
Miami, FL 33134			
(City, State and Zip Code)		_	
catherine@raymondconsulting.com			
E-mail Address: (to be used for future annual r	report notifications)	_	
For further information concerning this m	atter, please call:		
Catherine Raymond	at (305	774-	7056
(Name of Contact Person)	(Area Code	(Da	ytime Telephone Number)
Enclosed is a check for the following amo dollars and drawn on a bank located in the		proces	sed by this office must be payable in US
\$150.00 Filing Fees \$25 for Conversion & \$125 for Articles of Organization) \$\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing and Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		New Divis The C	t Address: Filing Section ion of Corporations Centre of Tallahassee 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: Raymond Consulting, Inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a [Florida profit 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 01/07/2005 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Raymond 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 28 day of December	20 2 0
Signature of Authorized Representative of Limi	ted Liability Company: Raymon
Signature of Authorized Representative of Limi Signature of Authorized Representative: Printed Name: Catherine Raymond	Title: General Partner
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: Catherine Raymond	12/28/2020 Title: PVDS
Signature:Printed Name:	Title:
Signature: Printed Name:	
Signature: Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:	
Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	y 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

The name of the Limited Liability Company is: Raymond Consulting, LLC	ARTICLE I - Name:	-	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address P. O. Box 141679 Maining Linguage P. O. Box 141679 Ma		s:	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: Mailing Address: P. O. Box 141679 Miami, FL 33134 Miami, FL 33114-1679 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 street address of the registered agent are: Catherine Raymond Name 623 Palermo Avenue Florida street address (P.O. Box NOT acceptable) Miami FL 33134 City 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)		hty Comercy "L.L.C." or "L.L.C.")	
The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 623 Palermo Avenue P. O. Box 141679 Miami, FL 33134 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: Catherine Raymond Name 623 Palermo Avenue Florida street address (P.O. Box NOT acceptable) Miami FL 33134 City 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 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)	(Musi contain the wirds Enfilled Clabif	my Company, C.L.C., or CCC. 7	
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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: Catherine Raymond Name 623 Palermo Avenue Florida street address (P.O. Box NOT acceptable) Miami FL 33134 City 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. Cambridge Continued (CONTINUED)	623 Palermo Avenue	P. O. Box 141679	
(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: Catherine Raymond	Miami, FL 33134	Miami, FL 33114-1679	-
Name 623 Palermo Avenue	(The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)	istered Agent. You must designate an i	ndividual or another
Name 623 Palermo Avenue	Catherine Raymond		
Florida street address (P.O. Box NOT acceptable) Miami FL 33134 City 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)		nc	
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w ^e	liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as reaccept the Registered Agent's Signature Registered Registered Agent's Signature Registered Agent's Signature Registered Reg	in this certificate, I hereby accordingly. I further agree to comply performance of my duties, an egistered agent as provided for 12/28/gnature (REQUIRED)	tept the appointment as by with the provisions of all and I am familiar with and or in Chapter 605, F.S

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager MGR	Catherine Raymond		
MGh	623 Palermo Avenue		
	Miami, FL 33134		
(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.

Catherine Raymond

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)