L711000170795

(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:

Office Use Only

J. FASON MAR 2 4 2021



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11/09/20--01041--008 **185.00

2021 FEB -8 MH 7: 56

COVER LETTER

	ew Filing Section livision of Corporations	
SUBJEC		ONAL EXCELLENCE CONSULTING LLC
		Resulting Florida Limited Company)
	•	ticles of Organization, and fees are submitted to convert an "Other Liability Company" in accordance with s. 605.1045, F.S.
Please re	turn all correspondence concern	ing this matter to:
-	CONTACT Person)	-Z
	(Contact Person)	
	(Firm/Company)	
402	9 Fast Hampton (Address)	
	LYA, FL 3392	2 ₀
	(City, State and Zip Code	•
E-mail	Address: (to be used for future annual	report notifications)
For furth	er information concerning this n	natter, please call:
121	ANKG. ADLER	at (909) 319 -1184 (Area Code) (Daytime Telephone Number)
(1)	Name of Contact Person)	(Area Code) (Daytime Telephone Number)
	is a check for the following am nd drawn on a bank located in th	ount: (All checks processed by this office must be payable in US are United States)
☐ \$150.00 (\$25 for Co & \$125 for of Organiz	onversion and Certificate of Articles Status	s and Certified Copy S185.00 Filing Fees, Certified Copy, and Certificate of Status
N D	failing Address: lew Filing Section vivision of Corporations O. Box 6327	Street Address: New Filing Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 19, 2020

FRANK G ADLER 13650 FIDDLESTICKS BLVD STE 202-309 FORT MYERS, FL 33912

SUBJECT: OPERATIONAL EXCELLENCE CONSULTING LLC

Ref. Number: W20000133257

We have received your document for OPERATIONAL EXCELLENCE CONSULTING LLC and your check(s) totaling \$185.00. However, the document has not been filed and is being retained in this office for the following:

The incorrect form was submitted to our office.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Jessica A Fason Regulatory Specialist II

Letter Number: 120A00023371

Note: Second submission.

First submission on November 30, 2020
not received by Florida Department of
State (Division of Corporations) 222
\$185 Fee already paid 11/13/2020

www.sunbiz.org

7917 - - 0 FG 2143

Articles of Conversion For "Other Business Entity"

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: OPERFICE CONSULTING 440	
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a)
First organized, formed or incorporated under the laws of	
on 12/17/2009 (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: OPERATIONAL EXCELLENCE 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.	1
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 31 day of December	_20_20
Signature of Authorized Representative of Limi	
Signature of Authorized Representative: Printed Name: Trank G. ROKER	Title: 177NTGING PTRINER
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: Frank G. ACK Printed Name: Frank G. ADKER	_Title: Managing Partner / Member
Signature: Hanna KTRES-HOLLA	Title: Wember
Signature:Printed Name:	Title:
Signature:Printed Name:	<u> </u>
Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> 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

ODED ATIONS A EVECT	LENCE CONSULTING LI			
(Must co	ontain the words "Limited Liabi	ity Company, "L.L.C.," or "LLC,")		
ARTICLE II - Address The mailing address and		cipal office of the Limited Liability Compa	any is	
Principal Office Addr	ess:	Mailing Address:		
4029 East Hampton Circl	e	13650 Fiddlesticks Blvd., Ste. 202-30	9	
Alva, FL 33920			Fort Myers, FL 33912	
ARTICLE III - Regist		Office, & Registered Agent's Signature:	anothe	
ARTICLE III - Regist (The Limited Liability Comp business entity with an activ	oany cannot serve as its own Re re Florida registration.) da street address of the re	Office, & Registered Agent's Signature: istered Agent. You must designate an individual or	anothe	
ARTICLE III - Regist (The Limited Liability Comp business entity with an activ	oany cannot serve as its own Re e Florida registration.)	Office, & Registered Agent's Signature: istered Agent. You must designate an individual or	anothe	
ARTICLE III - Regist (The Limited Liability Comp business entity with an activ	dany cannot serve as its own Rese Florida registration.) da street address of the reference G Adler	Office, & Registered Agent's Signature: istered Agent. You must designate an individual or	anothe	
ARTICLE III - Regist (The Limited Liability Comp business entity with an activ	dany cannot serve as its own Rese Florida registration.) da street address of the reference G Adler	Office, & Registered Agent's Signature: istered Agent. You must designate an individual or istered agent are:	anothe	
ARTICLE III - Regist (The Limited Liability Comp business entity with an activ	pany cannot serve as its own Rese Plorida registration.) da street address of the reference Frank G Adler 4029 East Hampton C	Office, & Registered Agent's Signature: istered Agent. You must designate an individual or istered agent are:	anothe	
ARTICLE III - Regist (The Limited Liability Comp business entity with an activ	pany cannot serve as its own Rese Plorida registration.) da street address of the reference Frank G Adler 4029 East Hampton C	Office, & Registered Agent's Signature: istered Agent. You must designate an individual or istered agent are:	anothe	

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)

A	RT	IC	LE	IV-

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

"AMBR" = Authorized Member	
"MGR" = Manager	
non	
17 G TK	TRAK G. HOLFR 4029 Fast Hampton Cive
	4029 Fast Hampton Circu
7/132	HANNA KARES-ADLE 4029 Fast Hampton Circ. ALVa, FL 33920
	4029 Fast Hampton City
	ALVa, 71 33920
(Use attachment if necessary)	
,	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
	102/ =
تقر - حرا ا	
+ Man It - by.	
Signature of a member or	an authorized representative of a member
Signature of a member or a This document is executed in accordance any false information submitted in a docur	
Signature of a member or a This document is executed in accordance any false information submitted in a docur as provided for in s.817.155, F.S.	an authorized representative of a member Swith section 605.0203 (1) (b). Florida Statutes. I am awar

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)