L21000197745

(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:



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CAY 0 6 2021

T. SCOTT



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March 22, 2021

PITCHIE S. ESCARMENT 18232 NW 27TH AVE., SUITE #212 MIAMI GARDENS, FL 33056-3501

SUBJECT: TRINITY CONSULTING FIRM LLC

Ref. Number: W21000037562

We have received your document for TRINITY CONSULTING FIRM 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):

Conversion must be sign.,

Please return the corrected original and one copy of 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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 021A00005959

2021 APR 12 PM 2: 40

COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Trinity Consulting Firm		
(Name of Re	esulting Florida Limite	ed Company)
The enclosed Articles of Conversion, Arti Business Entity" into a "Florida Limited I	_	on, and fees are submitted to convert an "Other" in accordance with s. 605.1045, F.S.
Please return all correspondence concerni	ng this matter to:	
Pitchie S. Escarment		
(Contact Person)		
Trinity Consulting Firm		
(Firm/Company)		
18232 NW 27th Ave, Suite # 212		
(Address)	_	
Miami Gardens, Florida 33056-3501		
(City, State and Zip Code)		
trinityconsultingfirm@gmail.com		
E-mail Address: (to be used for future annual to	report notifications)	
For further information concerning this m	atter, please call:	
Pitchie S. Escarment	at (³⁰⁵	974-8000
(Name of Contact Person)		(Daytime Telephone Number)
Enclosed is a check for the following amodollars and drawn on a bank located in the	•	rocessed 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 Cop	
Mailing Address: New Filing Section		Street Address: New Filing Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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: Trinity Consulting Firm, Inc.
(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.
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
04/12/2017 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:
Trinity Consulting Firm 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.
which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 14th day of February	_20 <u>_2/</u>
Signature of Authorized Representative of Lipri	ted Diability Company:
Signature of Authorized Representative: Printed Name: Pitchie S. Escarment	Title: FRESICIENT/MANAGER
Signature(s) on behalf of Other Business Entity: [-
Signature: Printed Name: Printed Name:	Title: Mesident CEO/Monager
Signature:Printed Name:	
Signature: Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
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 Liability 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

ARTICLE I - Name:		
The name of the Limited Liability Company	y is:	
Trinity Consulting Firm LLC	MIC "-MIC"	
(Must contain the words "Limited Li	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the	ne principal office of the Limite	d Liability Company is:
Principal Office Address:	Mailing Address:	
18232 NW 27th Avenue, #212	18232 NW 27th Avenue, S	uite #212
Miami Gardens, Florida 33056-3501	Miami, Florida 33056-3501	
		individual or another
18232 NW 2	27th Avenue, Suite #212	
	(P.O. Box NOT acceptable)	
Miami Gardens	FL 33056-3501	
City	Zip	
Having been named as registered agent a liability company at the place designate registered agent and agree to act in this constatutes relating to the proper and complete accept the obligations of my position a Registered Agent's	ed in this certificate, I hereby ac apacity. I further agree to comp lete performance of my duties, a	cept the appointment as ly with the provisions of all nd I am familiar with and

(CONTINUED)

"AMBR" = Authorized Member	Name and Address: Pitchie S Escarment
"MGR" = Manager	PITCHIOS COCHY MENT
President / MANAGER	18232 NW 27th Avenue, Suite #212
•	Miami Gardens, Florida 33056-3501
	<u> </u>
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	ment to the Department of State constitutes a third degree fe
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes. I am aware ment to the Department of State constitutes a third degree fe
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes. I am aware t

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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

ARTICLE IV-

Company: