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(Req	uestor's Name)	
(Add	ress)	
		
(Add	ress)	
(City)	/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
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COVER LETTER

TO: New Filing S Division of C				
Suprece. Specialt	y Resource Consulting.	LLC		
SUBJECT:	y Resource Consulting. (Name of Re	sulting Florida Limi	led Cor	mpuny)
The enclosed Article Business Entity" into	es of Conversion, Artic o a "Florida Limited L	les of Organizati	on, an ∈in a	nd fees are submitted to convert an "Othe accordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g this matter to:		
John P. Slattery			_	
	(Contact Person)		-	
Specialty Resource Co	onsulting, LLC			
	(Firm/Company)		-	
2046 Treasure Coast f	Plaza, Suite A - #326			
	(Address)		-	
Vero Beach, FL 32960				
	City, State and Zip Code)		-	
jpslats33@gmail.com	,			
	e used for future annual re	port notifications)	•	
For further informati	on concerning this ma	tter, please call:		
John P. Slattery		703	203-	7472
(Name of Conta	ct Person)	(Area Code)	(Day	7472 ytime Telephone Number)
Enclosed is a check f dollars and drawn on	or the following amou a bank located in the	int: (All checks p United States)	FOCES	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 Cop		☐\$185.00 Filing Fees. Certified Copy. and Certificate of Status
Mailing Addr	ress:		Stree	t Address:
New Filing Se	ection		New	Filing Section
Division of Co	-			ion of Corporations
P.O. Box 6321	/		rue C	Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

Articles of Conversion For "Other Business Entity" Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

Citative.
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Specialty Resource Consulting, LLC (a Virginia Limited Liability Company)
(Enter Name of Other Business
sole proprietorship/individual
2. The "Other Business Entity" is a (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
Commonwealth of Virginia
Commonwealth of Virginia First organized, formed or incorporated under the laws of
July 19, 2013 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:
Specialty Resource Consulting, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
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 30 day of	March, 2021	20
Signature of Authorized Rep	oresentative of Lin	nited Liability Company:
Signature of Authorized Repre		
Printed Name: John P. Slattery		Title: President
Signature(s) on behalf of Othe	er Business Entire:	[See below for required signature(s)]
Simuatura X	2/100	CG .
Signature: Printed Name:	Stattery	Mille: President
ŕ		
Signature:Printed Name:		Title:
Signature:Printed Name:		Title:
Signature:		Title:
Timed Name.		
Signature:		ages, I
Printed Name:		Title:
Signature:		
Printed Name:		Title:
If Florida Corporation:		
Signature of Chairman, Vice Cha		
If Directors or Officers have not	been selected, an in	corporator must sign.
If Florida General Partnership		ty Partnership:
Signature of one General Partner		
If Florida Limited Partnership	or Limited Liabili	ty Limited Partnership:
Signatures of <u>ALL</u> General Partr	ners.	
All others:		
Signature of an authorized persor	1.	
<u>lees:</u>		
Articles of Conversion:		\$25.00
Fees for Florida Articles	of Organization:	\$125.00
Certified Copy: Certificate of Status:		\$30.00 (Optional)
Certificate of Status:		\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Snecialty Res	source Consulting, LLC		
<u>Oppoint</u>	(Must contain the words "Lim	ted Liability Company, "L.L.C.," or "LLC.")	
ARTICLE The mailing	II - Address: address and street address	of the principal office of the Limited Liability Company is:	:
Principal O	Office Address:	Mailing Address:	
725 Acacia F	Road	2046 Treasure Coast Plaza	
Vero Beach,		Suite A - #326	
Vero Beach,	1 6 02000	Vero Beach, FL 32960	
	nd the Florida street addres	s of the registered agent are:	
	with an active Florida registration.	s of the registered agent are:	
	nd the Florida street addres	ration Agents, Inc. Name	
	nd the Florida street address United States Corporated States Cor	ration Agents, Inc. Name	
	nd the Florida street address United States Corporated States Cor	n Blvd. Suite 36 ress (P.O. Box NOT acceptable) FL 32822	
	United States Corpo 5575 South Semora Florida street address	ration Agents, Inc. Name n Blvd. Suite 36 ress (P.O. Box NOT acceptable) FL 32822	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	John P. Slattery
	725 Acacia Road
	Vero Beach, FL 32953
Use attachment if necessary)	
Use attachment if necessary)	
(Use attachment if necessary)	
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LE V: Other provisions, if any.	
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JE V: Other provisions, if any.	000sta
LE V: Other provisions, if any.	Delate,
LE V: Other provisions, if any. REQUIRED SIGNATURE:	Delate.
(Use attachment if necessary) LE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an	authorized representative of a member
REQUIRED SIGNATURE: Signature of a member or an This document is executed in accordance with	authorized representative of a member a section 605.0203 (1) (b). Florida Statutes, I am aware 1
E V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an This document is executed in accordance with any false information submitted in a document.	reaction 605 Orogitality for the con-
E V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an. This document is executed in accordance with	reaction 605 Orogitality for the con-
Signature of a member or an This document is executed in accordance with any false information submitted in a document as provided for in s.817.155, F.S.	reaction 605 Orogitality for the con-
Signature of a member or an This document is executed in accordance with any false information submitted in a document as provided for in s.817.155, F.S. John P. Slattery	n section 605,0203 (1) (b). Florida Statutes, I am aware to the Department of State constitutes a third degree fel
Signature of a member or an This document is executed in accordance with any false information submitted in a document as provided for in s.817.155, F.S. John P. Slattery	authorized representative of a member a section 605.0203 (1) (b). Florida Statutes, I am aware the to the Department of State constitutes a third degree felse or printed name of signee Filing Fees

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

ARTICLE IV-

Company: