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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: CIO Consultants, LLC - Docum	ent #: M200000050	635 (foreign LLC in FL)
(Name of Re	esulting Florida Limi	ited Company)
The enclosed Articles of Conversion, Articles Business Entity" into a "Florida Limited L	cles of Organizati Liability Company	ion, and fees are submitted to convert an "Other y" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning	ng this matter to:	
Matthew Hasson		_
(Contact Person)		_
CIO Consultants, LLC		
(Firm/Company)		_
100 Golden Isles Drive, Unit 612		
(Address)		_
Hallandale Beach, FL 33009		
(City, State and Zip Code)		_
matthew_hasson@yahoo.com		
E-mail Address: (to be used for future annual a	report notifications)	_
For further information concerning this m	atter, please call:	
Matthew Hasson	at (<u>860</u>	989-8350
(Name of Contact Person)	(Area Code	e) (Daytime Telephone Number)
Enclosed is a check for the following amodellars and drawn on a bank located in the	ount: (All checks e United States)	processed by this office must be payable in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\$ \$125.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Co	-
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 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: CIO Consultants, 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)
06/09/2020
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
CIO Consultants, 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.



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Signed this 1st day of July,	20_\$\			
Signature of Authorized Representative of Limit	ted Liability Company:			
Signature of Authorized Representative: Printed Name: Matthew Hasson	In Husson			
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)			
Signature: 9nottor Hasson Printed Name: Matthew Hasson	Title: member			
Signature:Printed Name:				
Signature:Printed Name:				
Signature:Printed Name:	Title:			
Signature:Printed Name:				
Signature:				
Signature: Printed Name:	_ Title:			
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Clif Directors or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liabilit Signature of one General Partner. If Florida Limited Partnership or Limited Liabilit	orporator must sign. v Partnership:			
Signatures of <u>ALL</u> General Partners.				Ą
All others: Signature of an authorized person.			21 JUL -6	. !
Fees:		41 1/3 h	_9 ∏	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)		PH 12: 43	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

CIO Consultants, LL	C		
(Mus	st contain the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Add The mailing address	dress: s and street address of the	e principal office of the Limite	d Liability Company is
Principal Office A	ddress:	Mailing Address:	
100 Golden Isles Driv	ve, Unit 612	100 Golden Isles Drive, Ur	nit 612
(The Limited Liability Co	egistered Agent, Registe	red Office, & Registered Ag	ent's Signature:
ARTICLE III - Re (The Limited Liability Co- business entity with an ac	egistered Agent, Registe ompany cannot serve as its own R ctive Florida registration.)	red Office, & Registered Ag egistered Agent. You must designate an	ent's Signature: individual or another
ARTICLE III - Re (The Limited Liability Co- business entity with an ac	egistered Agent, Registe impany cannot serve as its own R ctive Florida registration.) Florida street address of the Matthew Hasson	red Office, & Registered Ag egistered Agent. You must designate an the registered agent are:	ent's Signature: individual or another
ARTICLE III - Re (The Limited Liability Co- business entity with an ac	egistered Agent, Registe impany cannot serve as its own R ctive Florida registration.) Florida street address of the Matthew Hasson	red Office, & Registered Ag egistered Agent. You must designate an ne registered agent are:	ent's Signature: individual or another
ARTICLE III - Re (The Limited Liability Co- business entity with an ac	egistered Agent, Registe impany cannot serve as its own R ctive Florida registration.) Florida street address of the Matthew Hasson No. 100 Golden Isles Drive, Ur	red Office, & Registered Ag egistered Agent. You must designate an ne registered agent are:	ent's Signature: individual or another
ARTICLE III - Re (The Limited Liability Co- business entity with an a- The name and the F	egistered Agent, Registe impany cannot serve as its own R ctive Florida registration.) Florida street address of the Matthew Hasson No. 100 Golden Isles Drive, Ur	red Office, & Registered Ag egistered Agent. You must designate an ne registered agent are: ame	ent's Signature: individual or another

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)

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

Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager	Matthew Hasson	
Manger	100 Golden Isles Drive, Unit 612	
	Hallandale Beach, FL 33009	
	Trailaridate Beach, 1 E 00000	
(Use attachment if necessary)		
	<u>21</u>	
CLE V: Other provisions, if any.	21 JUL	
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REQUIRED SIGNATURE:	2:	
grutten Hasson	5 5 5	
grillen Harson	· · · · · · · · · · · · · · · · · · ·	

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.

Matthew Hasson

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)