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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	5
Special Instructions to Filing Officer:	





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COVER LETTER

TO:	New Filing Se Division of Co				
SLIDI	Sobiech	Global Consulting LLC			
3010		(Name of Res	ulting Florida Lim	ted Con	npany)
The e Busin	nclosed Articles ess Entity" into	of Conversion, Artic a "Florida Limited Li	les of Organizat ability Compan	ion, an y" in a	d fees are submitted to convert an "Other coordance with s. 605.1045, F.S:
Please	e return all corre	espondence concerning	g this matter to:		
Steve	Sobiech			_	
		(Contact Person)			
Sobie	ch Global Consul	lting			
-		(Firm/Company)		_	
618 E	. South St., Suite	500			
	*	(Address)		_	
Odan	do, FL 32801				
	((ity, State and Zip Code)		_	
info@	sobiechglobal.co	m			
E-1	nail Address: (to b	e used for future annual re	port notifications)	_	
For fu	irther information	on concerning this ma	tter, please call:		
Steve	Sobiech		at (<u></u> 689	233-	8000
	(Name of Conta	et Person)	(Area Code	(Day	ytime Telephone Number)
		or the following amou a bank located in the		proces	sed by this office must be payable in US
(\$25 fo & \$12	50.00 Filing Fees or Conversion 5 for Articles anization)	■\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filin and Certified Co	_	☐\$185,00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing So Division of C P.O. Box 632 Tallahassee, I	ection orporations 7		New Divis The 0 2415	Filing Section Sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, 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: Sobiech Global Consulting 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)
06/10/21 OII
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Sobiech Global 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 18 day of August	_ 20
Signature of Authorized Representative of Lini	ted Liability Company:
(\mathcal{A})	1: X
Signature of Authorized Representative:	THEN
Printed Name: Steve Sobiech	Little: President
Signature(s) on behalf of Other Business Entity: 1	See helms for acquired signature(s)
Signature(s) on behalt of Other Business Entity:	See below for required signature(s)]
Signature:	
Printed Name: Steve Sobiech	Title: President
Signature:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	fille:
P	
Signature:Printed Name:	Title
Printed Name.	
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation:	A PC
Signature of Chairman, Vice Chairman, Director, or b	
If Directors or Officers have not been selected, an Inc	corporator musi sign.
If Florida General Partnership or Limited Liabili	ty Partnershin:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL General Partners.	
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00 \$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)
Germone of Outline	and this in the same of the sa

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Com-	ipany is:	
0011 011 101 110		
SObiech Global Consulting LLC (Must contain the words "Limit	ited Liability Company, "L.L.C.," or "LLC.")	·
ARTICLE II - Address:	of the animainal office of the Limite	Al inhility Company is:
The mailing address and street address	of the principal office of the Limite	d Liability Company is.
Principal Office Address:	Mailing Address:	
618 E. South St.	618 E. South St.	
Suite 500	Suite 500	·
Orlando, FL 32801	Orlando, FL 32801	
The name and the Florida street address	ss of the registered agent are:	
Oleve Cobledit	Name	? C/:
		:S
3638 Northwoods Di		- 1
Florida street addi	ress (P.O. Box <u>NOT</u> acceptable)	
Kissimmee	FL ³⁴⁷⁴⁶	
Спу		· · ·
registered agent and agree to act in the statutes relating to the proper and eaccept the obligations of my posit	ignated in this certificate. Thereby ac	cept the appointment as ly with the provisions of all nd I am familiar with and

(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 AMBR	Steve Sobiech
AMDIC	3638 Northwoods Dr
	Kissimmee, FL 34746
	
(Use attachment if necessary)	
(3.12 4.110-1111-11-11-11-11-11-11-11-11-11-11-1	
TCLE V: Other provisions, if any.	
province constraint (%	
REQUIRED SIGNATURE:	
	$\lambda_i $
	, March
Cianatura of a manufactura	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.

Steve Sobiech

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)