L21008414831

(Requestor's Name)
(Address)
(Address)
(1001000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Dusiness Fath, Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

W2/W1/25879



400370486304

07/26/21--01013--009 **185.00





July 27, 2021

ALEC KLEIN 19363 US HIGHWAY 19 N., APT 409 CLEARWATER, FL 33764

SUBJECT: MATTHEW 56 CONSULTING, LLC

Ref. Number: W21000105879

We have received your document for MATTHEW 56 CONSULTING, LLC and your check(s) totaling \$185.00. 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 scopy 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: 021A00017589

www.sunbiz.org

COVER LETTER

TO: New Filing				
Division of	Corporations			
SUBJECT:	Matthew 5 (Name of Re	6 Consulting	LLC	-
	(Name of Re	sulting Florida Limited Co	mpany)	
			nd fees are submitted to caccordance with s. 605.10	
Please return all cor	respondence concernir	g this matter to:		
	ec Kleix (Contact Person)			
M	atthow 56 C	onsulting, LL	C	
	(Firm/Company)	10 11	4 A B	2021
	(Firm/Company) 363 US Hwy (Address)	14 N., apt.	1 07	2021 AUG 12 AK \$ 20
C	aguatic FL	33764		75 1
	carwater FL (City, State and Zip Code)			3 5
	ecematthew		cam	A . 20
E-mail Address: (to	be used for future annual re	port notifications)		- 0
For further informat	ion concerning this ma	tter, please call:		
Alec	Klein	at (847)	975-5509	
(Name of Cont			ytime Telephone Number)	
	for the following amoun a bank located in the		ssed by this office must be	e payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status	☐S180.00 Filing Fees and Certified Copy	S185.00 Filing Fees, Certified Copy, and Certificate of Status	
Mailing Add			et Address:	
New Filing S Division of C			Filing Section sion of Corporations	
Division of C	200 poracións	4,21716	or carporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32314

P.O. Box 6327

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.

1. The name of the "Other Business Entity" immediately prior	r to the filing of the Articles of Conversion is:
Matthew 56 Consulting (Enter Name of Other Business Entit	<u>y</u>)
2. The "Other Business Entity" is a LLC (Enter entity type. Example: corporation, limited partnersh	ip, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of(Enter st	tate, or if a non-U.S. entity, the name of the country)
on Sort. 18, 2018 (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set	
(Enter Name of Florida Limited Liability Con	npany)
4. If not effective on the date of filing, enter the effective date (The effective date: Cannot be prior to date of receipt or fil the date this document is filed by the Florida Department (Note: If the date inserted in this block does not meet the applicable statute document's effective date on the Department of State's records.	led date nor more than 90 calendar days after of State.)
5. The plan of conversion has been approved in accordance wi	th all applicable statutes.
 The "Converted or Other Business Entity" has agreed to pay an which such members are entitled under ss. 605.1006 and 605. 	

Signed this 22 day of July	20 21
Signature of Authorized Representative	
Signature of Authorized Representative: Printed Name: Alec Klein	Title: CEO and director
	Entity: [See below for required signature(s)]
Signature:	
Printed Name: Alec Klei	Title: (60, director, govern) postner
Signature:	Title:
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Dir If Directors or Officers have not been select If Florida General Partnership or Limite	ed, an Incorporator must sign.
Signature of one General Partner.	
If Florida Limited Partnership or Limited Signatures of ALL General Partners.	d Liability Limited Partnership:
All others:	

Fees:

Articles of Conversion:

\$25.00

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

\$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 is:	
Matthew 56 Con (Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
finds committee notal Similar Similar	
ARTICLE II - Address:	ncipal office of the Limited Liability Company is:
The maining address and street address of the pri	neipar office of the Enfined Blaining Company is
Principal Office Address:	Mailing Address:
19363 US Hwy 19 N. apt. 409 Clearwater, FL 33764	19363 US Hwy 19 N. apt. 409 Clearmater, FL 33764
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re	red Agent, You must designate an individual or another
Alee Klei	ń
Name	
19363 US Hwy 19 Florida street address (P.O.	N., apt. 409
Florida street address' (P.O.	Box NOT acceptable)
Clearmater	FL 33764
City	Zip
liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete page.	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S
an	
Registered Agent's Signa	ature (REQUIRED)
(CONTINU	JED) JED)

ARTICLE IV-

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

.

Name and Address:
Alec Klein 19363 US Hwy 19 N. apt. 409 Clearmater, FL 33764
2:2
DE STATE 20
an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware that ument to the Department of State constitutes a third degree felony
yped or printed name of signee Filing Fees
ļ

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)