# 200160011

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



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Office Use Only

# COVERLETTER TO: New Filing Section Division of Corporations SUBJECT: |Cl Consulting, LLC

(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Julia Hightower							
	(Contact Person)				_		
Hendrick, Rascoe, Ziti	ron & Long, LLC				VII.	2022	
	(Firm/Company)	·			₽ĕ	<b>63</b> 3	
3290 Northside Parkw	ay, Suite 925				iar Ass	B 25	
	(Address)				, 33 EE.,		
Atlanta, Georgia 3032	7				7 S I	91 :1 W	
(	City, State and Zip Code)				IAIE ORIO	<u></u>	
Natalia@ici-consulting	j.com				42.0	ه	
E-mail Address: (to b	e used for future annual re	port notifications)					
For further informati	on concerning this ma	tter, please call:					
Julia Hightower		at ( <sup>404</sup>	237-	7521			
(Name of Conta	act Person)	(Area Code)	(Day	rtime Telephone Number)	•		
	_		roces	sed by this office must be	e payable	e in US	i
dollars and drawn or	a bank located in the	United States)					
☐ \$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 Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status			
Madian C.J.			·	4 4 4 4			

## **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:

ICI Consulting, Inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a corporation (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Florid 2
(Enter state, or if a non-U.S. entity, the name of the country)
February 24,1995 on
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
ICI 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 24th day of February	_ 20_ <b>2.2</b>			
Signature of Authorized Representative of Limi				
Signature of Authorized Representative:  Printed Name: GREG SCHRATWIESER	Title: MANAGER	_		
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)			
Signature: Printed Name: GREG SCHRATWIESER	Title: PRESIDENT	<b>-</b>		
Signature:Printed Name:	97.1	-		
Signature:Printed Name:	Title:	- -		
Signature:Printed Name:	Title:	<b>-</b> -		
Signature: Printed Name:				
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 Liabilit Signature of one General Partner.	ty Partnership:	SECR TALLA	2022 F	
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:	HASSEE	EB 25	Ē
All others: Signature of an authorized person.		OF STATE L FLORID	99 :h Wd	
<u>Fees:</u>		ž. <b>&gt;</b>	G)	
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

The name of the families and any company in	
ICI Consulting, LLC	
(Must contain the words "Limited Liability Compa	ny, "L.L.C.," or "LLC.")

#### ARTICLE II - Address:

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
739 PINTA DRIVE	739 PINTA DRIVE
ST. PETERSBURG, FL 33715	ST. PETERSBURG, FL 33715

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

GREG SCHRATWIESER		' (7)	75 F	<del></del>
Name			EB 2	=
739 PINTA DRIVE		SEX	က်	
Florida street address (P.O. I	Box NOT acceptable)	of s	<b>T</b>	- j ( )
ST. PETERSBURG	FL <sup>33715</sup>	.ORI	<u> </u>	<u> </u>
City	Zip	Ōm :	<b>-</b>	

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. Thereby 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 by position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

#### ARTICLE IV-

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		
MGR	GREG SCHRATWIESER	
	739 PINTA DRIVE	
	ST. PETERSBURG, FL 33715	
<del></del>		
<del></del>		
(Use attachment if necessary)	SI SI SI	2
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ICLE V: Other provisions, if any.	range in the second of the sec	<b>i</b>
TCLE. V: Other provisions, it any.	SS N	2
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	OF STATE E.FILORIOA	-
REQUIRED SIGNATURE:		-
<del></del>	7	•

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.

GREG SCHRATWIESER, AUTHORIZED REPRESENTATIVE

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)