L22000500933

(Re	questor's Name)	
(Ad	dress)	
,	,	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
_	_	
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Contilled Conting	Cortificator	a of Status
Certified Copies	_ Certificates	S OI Status
Special Instructions to	Filing Officer:	
	·	
L		

Office Use Only



600391298816

S. CHATHAM

DEC - 2 2022

07/20/22--01004--018 **150.00

2022 JUL 20 PH 12: 03

RECENTED PHIZE O

22 DEC - 1 PH IN OF

CORPORATE ACCESS, ____

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

			WALKIN
		PICK U	JP: <u>MISTY 12/1</u>
		CERTIFIED COPY	
	XX	РНОТОСОРУ	
		CUS	
	XX	FILING	CONVERSION
1.		FUMO CONSULTING GR (CORPORATE NAME AND DOCUMEN	
2.		(CORPORATE NAME AND DOCUMEN	VT #)
3.		(CORPORATE NAME AND DOCUMEN	VT#)
4.		(CORPORATE NAME AND DOCUMEN	IT #)
5.		(CORPORATE NAME AND DOCUMEN	IT#)
6.		(CORPORATE NAME AND DOCUMEN	TT #)
	CIAI TRU	L CTIONS:	

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: Fumo Consulting Group 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.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
07/17/2008 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: Fumo Consulting Group 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 30th day of November	20 22
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: Printed Name: Henry Fumo	Jumo Title: Manager
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Hy Jumo	
Printed Name: Henry Fumo	Title: Member/Manager
Signature:	
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, Director, or If Directors or Officers have not been selected, an Interpretate of Chairman, Provided Liability Signature of one General Partner. If Florida Limited Partnership or Limited Liability	corporator must sign. ty Partnership:
Signatures of ALL General Partners.	T Zemeson A al thorpaid:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

BIVISION TO PH 4: 06

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Co	mpany is:
Fumo Consulting Group LLC	
(Must contain the words "Lin	nited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	s of the principal office of the Limited Liability Company is:
5	to the process of the control of the
Principal Office Address:	Mailing Address:
9990 Coconut Road, #226	9990 Coconut Road, #226
Bonita Springs, FL 34135	Bonita Springs, FL 34135
-	
ARTICLE III - Registered Agent. R	egistered Office, & Registered Agent's Signature:
The Limited Liability Company cannot serve as it business entity with an active Florida registration.	s own Registered Agent. You must designate an individual or another
The name and the Florida street addres	ss of the registered agent are:
Leff Novett Fee	

Ŋ	lame
1415 Panther Lane, Suite 43	32
Florida street address ((P.O. Box NOT acceptable)
Naples	FL 34109
City	Zip

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)

22 DEC -1 PH 1: 05

ARTICLE IV-

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

'AMBR" = Authorized Member	
'MGR" = Manager MGR	Harry Comp
WICK	Henry Fumo
	9990 Coconut Road, #226
	Bonita Springs, FL 34135
 -	
	
E V: Other provisions, if any.	
Use attachment if necessary) LE V: Other provisions, if any, and liability company is a manager-managed security securi	NAT, E.g.
E V: Other provisions, if any, and liability company is a manager-manage EEOUIRED SIGNATURE: Signature of a member of This document is executed in accordance.	
E V: Other provisions, if any, deliability company is a manager-manage. REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a document any false information submitted in a document any false information submitted in a document is executed in accordance any false information submitted in a document is executed in accordance any false information submitted in a document is executed in accordance any false information submitted in a document is executed in accordance any false information submitted in a document is executed in accordance any false information submitted in a document is executed in accordance any false information submitted in a document is executed in accordance any false information submitted in a document is executed in accordance any false information submitted in a document is executed in accordance any false information submitted in a document is executed in accordance any false information submitted in a document is executed in accordance any false information submitted in a document is executed in accordance any false information submitted in a document is executed in accordance any false information submitted in a document is executed in accordance any false information in accordance any false information in accordance and in accord	r an authorized representative of a member ce with section 605.0203 (1) (b), Florida Statutes. I am aware nument to the Department of State constitutes a third degree features.
E V: Other provisions, if any, d liability company is a manager-manage. EEQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a document any false information submitted in a document is submitted	r an authorized representative of a member ce with section 605.0203 (1) (b), Florida Statutes. I am aware nument to the Department of State constitutes a third degree femative
E V: Other provisions, if any. d liability company is a manager-manage EEQUIRED SIGNATURE: Signature of a member o This document is executed in accordance any false information submitted in a doc as provided for in s.817.155, F.S. Jeff Novatt, Esq., Authorized Represer	r an authorized representative of a member ce with section 605.0203 (1) (b), Florida Statutes. I am aware nument to the Department of State constitutes a third degree features.