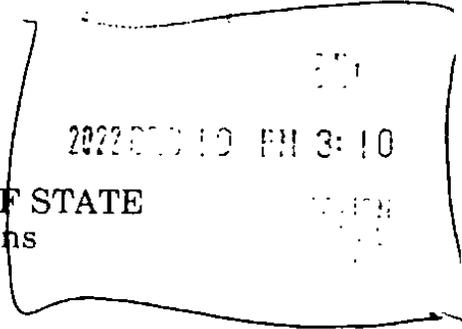






FLORIDA DEPARTMENT OF STATE  
Division of Corporations



December 2, 2022

PAUL H. LESSER  
PHL TALENT ADVISORY SERVICES LLC  
5866 NW 25TH TERRACE  
BOCA RATON, FL 33496

SUBJECT: PHL TALENT ADVISORY SERVICES LLC  
Ref. Number: W22000147573

We have received your document for PHL TALENT ADVISORY SERVICES LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only non-United States entities may become a domestic limited liability company as stated in section 605.1052, Florida Statutes. You may want to explore one of the conversion options. Please return to our website [sunbiz.org](http://sunbiz.org) to download the appropriate form.

Please return your document, along with a copy 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.

DANIEL L O'KEEFE  
Regulatory Specialist II

Letter Number: 122A00026677

*Handwritten notes:*  
~~PHL Talent~~  
~~foreign LLC~~  
Form 1 fees  
DAP number  
K-LLC Corp  
none  
- Link foreign LLC form  
Quantitative frequency  
DAP

**2022 DEC 19 AM 4:41**  
SECRETARY OF STATE  
TALLAHASSEE, FL

[www.sunbiz.org](http://www.sunbiz.org)

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** PHL Talent Advisory Services 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:

Paul H. Lesser  
(Contact Person)  
PHL Talent Advisory Services LLC  
(Firm/Company)  
5866 NW 25th Terrace  
(Address)  
Boca Raton FLA 33496  
(City, State and Zip Code)  
paul.lesser65@gmail.com  
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Paul H. Lesser at (781) 264-1683  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on 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 Fees and Certified Copy
- \$185.00 Filing Fees, Certified Copy, and Certificate of Status

**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

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 TALLAHASSEE, FL

**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, Flor Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  
PHL Talent Advisory Services LLC

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a LLC, Schedule C  
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, e

First organized, formed or incorporated under the laws of Massachusetts  
(Enter state, or if a non-U.S. entity, the name of the country)

on 7/2/2021  
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

PHL Talent Advisory Services

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: September 14, 2022  
(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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TALLAHASSEE, FL

Signed this January day of 25th, 2023

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative: [Signature]  
Printed Name: Paul H. Lesser Title: Principal

**Signature(s) on behalf of Other Business Entity: (See below for required signature(s))**

Signature: [Signature]  
Printed Name: PAUL H. LESSER Title: Principal

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida Corporation:**

Signature of Chairman, Vice Chairman, Director, or Officer.  
If Directors or Officers have not been selected, an Incorporator must sign.

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability 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
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

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TALLAHASSEE, FL

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

PHL Talent Advisory Services LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

5866 NW 25th Terrace  
Boca Raton FLA 33496

5866 NW 25th Terrace  
Boca Raton ,FLA 33496

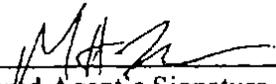
**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(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:

Paul H. Lesser  
Name  
5866 NW 25th Terrace  
Florida street address (P.O. Box NOT acceptable)  
Boca Raton FL 33496  
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)

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TALLAHASSEE, FL

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Paul H Lesser

5866 NW 25th Terrace

Boca Raton FLA 33496

AMBR

Erinn J Lesser

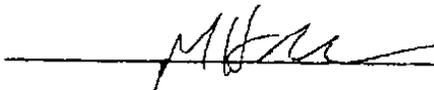
5866 NW 25th Terrace

Boca Raton FLA 33496

(Use attachment if necessary)

**ARTICLE V:** Other provisions, if any.

**REQUIRED SIGNATURE:**



**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.

Paul H. Lesser

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)**

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TALLAHASSEE, FL

FILED



**The Commonwealth of Massachusetts**  
**William Francis Galvin**

Minimum Fee: \$500.00

Secretary of the Commonwealth, Corporations Division  
 One Ashburton Place, 17th floor  
 Boston, MA 02108-1512  
 Telephone: (617) 727-9640

**Certificate of Organization**  
 (General Laws, Chapter 156C)

Identification Number: 001516767

1. The exact name of the limited liability company is: PHL TALENT ADVISORY SERVICES LLC

2a. Location of its principal office:

No. and Street: 59 EAGLE DRIVE  
 City or Town: MASHPEE State: MA Zip: 02649 Country: USA

2b. Street address of the office in the Commonwealth at which the records will be maintained:

No. and Street: 59 EAGLE DRIVE  
 City or Town: MASHPEE State: MA Zip: 02649 Country: USA

3. The general character of business, and if the limited liability company is organized to render professional service, the service to be rendered:  
HUMAN CAPITAL ADVISORY SERVICES AND ANY OTHER LAWFUL BUSINESS ACTIVITIES

4. The latest date of dissolution, if specified:

5. Name and address of the Resident Agent:

Name: PAUL LESSER  
 No. and Street: 59 EAGLE DRIVE  
 City or Town: MASHPEE State: MA Zip: 02649 Country: USA

I, PAUL LESSER resident agent of the above limited liability company, consent to my appointment as the resident agent of the above limited liability company pursuant to G. L. Chapter 156C Section 12.

6. The name and business address of each manager, if any:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
MANAGER	PAUL LESSER	59 EAGLE DRIVE MASHPEE, MA 02649 USA

7. The name and business address of the person(s) in addition to the manager(s), authorized to execute documents to be filed with the Corporations Division, and at least one person shall be named if there are no managers.

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
SOC SIGNATORY	PAUL LESSER	59 EAGLE DRIVE MASHPEE, MA 02649 USA

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 TALENT ADVISORY SERVICES LLC

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