L23000239018

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



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Office Use Only



COVER LETTER

TO:	New Filing Se Division of Co							
SURI	ECT:	MTO CONSUI	LTING LLC					
SODO		(Name of Res	ulting Florida Limi	ted Com	ipany)	_		
					d fees are submitted to ecordance with s. 605.1			ner
Please	return all corre	espondence concerning	g this matter to:					
Mic	hael Trent O'Do	onnell						
		(Contact Person)						
	MTO Consulting	** 		-				
		(Firm/Company)						
146	SE 44th Terr			<u></u>			· 20:	
		(Address)				- <u>- </u>	2023 APR 28	
Ca	pe Coral, Fl. 3	3904		_		N I	PR (125
	(0	City, State and Zip Code)				TIATY OF ST	18	<u>}</u> (**}
	ocorner@yahoo.co			_		386	P	
E-n	nail Address: (to b	e used for future annual re	port notifications)			E ST		ď.,
For fu	rther information	on concerning this mat	tter. please call:			ATE FL	AM 4: 27	
Mi	chael Trent O'D		_at (<u>239</u>	_/	9-8659	_		
	(Name of Conta	ct Person)	(Area Code) (Day	time Telephone Number)			
		or the following amou a bank located in the		orocess	ed by this office must b	oe payabl	e in U	S
(\$25 fo & \$125	0.00 Filing Fees or Conversion of for Articles anization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status			
	Mailing Addr New Filing Se Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7		New F Divisi The C 2415 N	Address: Filing Section on of Corporations entre of Tallahassee N. Monroe Street, Suite assee, FL 32303	e 810		

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 Article MTO Consulting INC	es of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a Corporation (Enter entity type. Example: corporation, limited partnership, general partnership, common	n law or business trust, etc.)
First organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the	Town of the second
(Enter state, or if a non-old, entity, the	
on	트 월 11
(date of organization, formation or incorporation)	APR 28
3. The name of the Florida Limited Liability Company as set forth in the attached Artic	cles of Organization!
MTO Consulting LLC	नारी दे
(Enter Name of Florida Limited Liability Company)	ATE 28
4. If not effective on the date of filing, enter the effective date:09-07-2022	
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 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 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 21	_day of _April	20_23		
Signature of Author	ized Representative of	f Limited Liability Company:		
Signature of Authoriz Printed Name: <u>Micha</u>	zed Representative: 🔀	Ichoul Jannel President		
Signature(s) on beha		ntity: [See below for required signature(s))	
Signature: Printed Name: LaDon	da O'Donnell	Title: Member	_	
Signature:		Title:		
Printed Name:		Litle:		
Signature:		Title:		
Signature:				
Printed Name:		Title:		
Signature:			2023 APR 28	-[*]
Printed Name:		Title:	PR	ا <u>۽</u> هنتينو
Signature:			28	
Printed Name:		Title:	SSE SE	6
If Florida Corporation Signature of Chairman If Directors or Officer	on: n. Vice Chairman, Direct s have not been selected.	Title:Title:Title:Tor. or Officer an Incorporator must sign.	4: 28 STATE E, FL	6
If Florida General Pa Signature of one Gene	artnership or Limited I ral Partner.	Liability Partnership:		
If Florida Limited Pa Signatures of ALL Ge		Liability Limited Partnership:		
All others: Signature of an author	ized person.			

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Fees:

Articles of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Organization:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan	ne:				
The name of the Li	mited Liability Company	v is:			
МТО	Consulting LLC				
(Mu	st contain the words "Limited Li	ability Company, "I	L.L.C" or "LLC.")		
ARTICLE II - Ad	dress:				
The mailing addres	s and street address of th	e principal off	ice of the Limit	ted Liability Compa	ny is:
Principal Office A	ddress:	<u>Mailing</u>	Address:		
146 SE 44th Ter		146_5	SE 44th Ter		
Cape Coral, FL			Coral Fl		
_33904		33904			
business entity with an a	egistered Agent, Registo ompany cannot serve as its own F active Florida registration.) Florida street address of t	vegimered rigent.	wa masa designate a	R 28 AHAY	
	Michael Trent O'D	onnell		SE S	
	N	ame		AH 4: 28 OF STATE SSEE, FL	
	146 SE 44th Ter.			m	
	Florida street address (P.O. Box NO 7	acceptable)		
	Cape Coral	FL	33904		
	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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The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	LaDanda A OlDanaull
AMBR	LaDonda A O'Donnell 146 SE 44th Ter
	Cape Coral, FL 33904
	
	
	
(Use attachment if necessary)	
(Ose attachment it necessary)	
	7. 7.A.1
ICLE V: Other provisions, if any.	
	APR LLA
	- 10 2 08
	S ~ _
	10 ± 3€
REQUIRED SIGNATURE:	ST :
Murine VIII	Somuelo TH &
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	ment to the Department of State constitutes a third degree felony
as provided for in s.817.155, F.S.	T
Michael	Irent Ol) June !!
	ped 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)