L23000477836

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

Office Use Only



100417433931

10/17/29--01005--006 **130.00

COVER LETTER

TO: New Filing Section Division of Corporations					
SUBJECT: BA CONSULTING LLC					
	ulting Florida L	imited Con	npany)	_	
The enclosed Articles of Conversion, Articles Business Entity" into a "Florida Limited Li	_				
Please return all correspondence concerning	g this matter	to:			
MARK PICCINI					
(Contact Person)					
BA CONSULTING					
(Firm/Company)					
821 HERNDON AVE. / #141567					
(Address)					
ORLANDO, FL 32814					
(City, State and Zip Code)					
MARK@BACONSULTINGINC.COM					
E-mail Address: (to be used for future annual re	port notification	is)			
For further information concerning this mat	tter, please ca	ıll:			
MARK PICCINI	_at (<u>407</u>	758-	7892		
(Name of Contact Person)	(Area C	ode) (Day	rtime Telephone Number)	_	
Enclosed is a check for the following amou dollars and drawn on a bank located in the	•	•	sed by this office must	t be payal	ble in US
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) □ \$155.00 Filing Fees and Certificate of Status	□\$180.00 Fi and Certified		☐\$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		New Divis The C	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suinassee, FL 32303	ite 810	2023 ÚCELTZ FELL

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.

BA 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, com	mon law or business trust, etc.)
First organized, formed or incorporated under the laws of	
(Enter state, or if a non-U.S. entity, t	the name of the country)
SEPTEMBER 14, 2018	The name of the country)
on (date of organization, formation or incorporation)	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached A	rticles of Organization:
BA CONSULTING LLC	detes of Organization.
	·•
(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 davs after
the date this document is filed by the Florida Department of State.)	70 carendar days arter
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this d	iate 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	s.
6. The "Converted or Other Business Entity" has agreed to pay any members having apprawhich such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	aisal rights the amount to
	1. 20
	202 3 0
	202 9 GC
	

Signed this 6 day of OCTOBER	20 23
Signature of Authorized Representati	ve of Limited Liability Company:
Signature of Authorized Representative: Printed Name: MARK PICCINI	Title: MEMBER
	s Entity: [See below for required signature(s)]
Signature: William	
Printed Name: MARK PICCINI	Title: PRESIDENT
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, D	irector, or Officer.
If Directors or Officers have not been sele	cted, an Incorporator must sign.
If Florida General Partnership or Limit	ted Liability Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limit	red Lighility Limited Partnership
Signatures of <u>ALL</u> General Partners.	ed Liability Limited I at theising.
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00

\$125.00

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

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: 202**9** OC i 1 7

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	vis:
BA CONSULTING LLC	
(Must contain the words "Limited Lie	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of th	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
821 HERNDON AVE.	821 HERNDON AVE.
SUITE 141567	SUITE 141567
ORLANDO, FL 32814	ORLANDO, FL 32814
The name and the Florida street address of the MARK PICCINI	he registered agent are:
N	ame
4300 CORRINE DRIVE	
Florida street address (I	P.O. Box NOT acceptable)
ORLANDO	FL 32814
City	Zip
liability company at the place designate registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as	id to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all ete performance of my duties, and I am familiar with and registered agent as provided for in Chapter 605, F.S

(CONTINUED)

A	DTICI	r	IX

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

	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	MARK PICCINI
	4300 CORRINE DRIVE
	ORLANDO, FL 32814
	
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(Use attachment if necessary)	
Use attachment if necessary)	
(Use attachment if necessary) LE V: Other provisions, if any.	
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REQUIRED SIGNATURE: Signature of a member of	or an authorized representative of a member
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REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance.	ice with section 605.0203 (1) (b), Florida Statutes. I am a cument to the Department of State constitutes a third deg
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Signature of a member of any false information submitted in a do as provided for in s.817.155, F.S. MARK PICCINI	ce with section 605.0203 (1) (b), Florida Statutes. I am a cument to the Department of State constitutes a third deg
Signature of a member of This document is executed in accordar any false information submitted in a do as provided for in s.817.155, F.S. MARK PICCINI	ice with section 605.0203 (1) (b), Florida Statutes. I am a cument to the Department of State constitutes a third deg