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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Articles of Conversion For "Other Business Entity" Into

1 **1** . . .

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 Weather Mark Consulting LLC	y prior to the filing of the Articles of Conversion is:
(Enter Name of Other Busine	ss Entity)
2. The "Other Business Entity" is a	
(Enter entity type. Example: corporation, limited pa	ertnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of	Texas
(Enter state, or if a non-U.S. entity, the name of the country)
June 29, 2011 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:
Weather Mark Consulting LLC	
(Enter Name of Florida Limited Liabi	lity Company)
4. If not effective on the date of filing, enter the effective (The effective date: Cannot be prior to date of receip the date this document is filed by the Florida Depart Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	t or filed date nor more than 90 calendar days after ment of State.)
5. The plan of conversion has been approved in accorda	nce with all applicable statutes.
6. The "Converted or Other Business Entity" has agreed to which such members are entitled under ss. 605.1006 and	

Signed this 28 th day of <u>December</u>	
Signature of Authorized Representative of Li	mited Liability Company:
Signature of Authorized Representative: Printed Name: Christopher J Fogle	Title: Owner - Manager
Signature(s) on behalf of Other Business Entity	: [See below for required signature(s)]
Signature: Cut) The Printed Name: CHRISTDAHOR FOGLE	THAT I WAS A STATE OF THE STATE
Printed Name: CHRISI DIHER FOGUE	Title: _/VUANAGING MBIZ
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature: Printed Name:	77.1
Printed Name:	litle:
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, o	or Officer
If Directors or Officers have not been selected, an	
	•
<u>If Florida General Partnership or Limited Liab</u> Signature of one General Partner.	ility Partnership:
Signature of one General Farther.	
<u>If Florida Limited Partnership or Limited Liab</u> Signatures of <u>ALL</u> General Partners.	ility Limited Partnership:
All others: Signature of an authorized person.	
Fees:	

\$25.00

\$125.00

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

Articles of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Organization:

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - I			
	e Limited Liability Company	/ is:	
Weather Mark C		ability Company, "L.L.C.," or "LLC.")	
ARTICLE II -	Address:		
The mailing add	dress and street address of th	e principal office of the Limited Lia	ability Company is:
Principal Offic	ce Address:	Mailing Address:	
228 White St		228 White St	
Niceville FL 325	78	Niceville FL 32578	
	····		
(The Limited Liabili business entity with	 Registered Agent, Register ty Company cannot serve as its own F i an active Florida registration.) the Florida street address of t 	ered Office, & Registered Agent's Registered Agent. You must designate an individual the registered agent are:	; Signature: dual or another
	Christopher J Fogle N	lame	
	228 White Street		
	228 White Street Florida street address (P.O. Box NOT acceptable)	
		P.O. Box <u>NOT</u> acceptable)	
	Florida street address (<u> </u>	

(CONTINUED)

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

'AMBR" = Authorized Member	Name and Address:
'MGR" = Manager	,
AMBR - MGR	Christopher J Fogle
	228 White St
	Niceville FL 32578
	
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Use attachment if necessary)	
Use attachment if necessary)	
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Use attachment if necessary) LE V: Other provisions, if any.	
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LE V: Other provisions, if any.	
LE V: Other provisions, if any.	724
LE V: Other provisions, if any.	724
REQUIRED SIGNATURE:	724
REQUIRED SIGNATURE: Signature of a member or	an authorized representative of a member
Signature of a member or	e with section 605 0203 (1) (b) Florida Statutes, Lam award
Signature of a member or	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am award the member to the Department of State constitutes a third degree for the section for the for the sectio
Signature of a member or This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S.	e with section 605 0203 (1) (b) Florida Statutes, Lam award
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. Christopher J Fogle	e with section 605.0203 (1) (b), Florida Statutes. I am award iment to the Department of State constitutes a third degree f
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. Christopher J Fogle	e with section 605 0203 (1) (b) Florida Statutes, Lam award

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