

L24000524377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

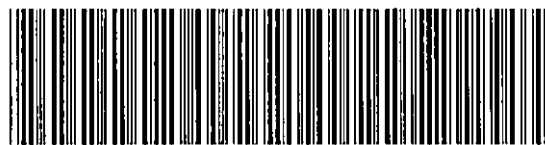
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W24000156086  
12-18-2024

Office Use Only



000439772970

11/19/24--01035--012 \*\*185.00

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2024 DEC 18 AM 1:55  
CLERK OF SUPERIOR COURT  
STATE OF NEW YORK  
COUNTY OF ALBANY



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 21, 2024

JOSEPH STEFKO  
27253 PUNO DRIVE  
PUNTA GORDA, FL 33983 US

SUBJECT: STEFKO CONSULTING LLC  
Ref. Number: W24000156086

SECRETARY OF STATE  
TALLAHASSEE, FL

2024 DEC 18 PM 1:32

RECEIVED

We have received your document for STEFKO CONSULTING LLC and check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The printed name and signature on behalf of the "Other Business Entity" is missing from the document. Please place the printed name and signature on the designated line. Lastly, each page of your document must be one-sided. Do not print on both sides of the pages, only one side.

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.

Monique K Anderson  
Regulatory Specialist II

Letter Number: 624A00025559

SECRETARY OF STATE  
TALLAHASSEE, FL

2024 DEC 18 AM 1:55

FILED

**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, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  
Stefko Consulting

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a Limited Liability Corporation  
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

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

on September 23, 2011  
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:  
Stefko Consulting LLC  
(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: 11/12/2024  
(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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CLERK OF THE STATE  
SECRETARIAT

Signed this 12 day of November 2024.

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

Signature of Authorized Representative: Joseph M. Stetko  
Printed Name: Joseph Stetko Title: President

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

Signature: Joseph M. Stetko  
Printed Name: Joseph Stetko Title: President

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 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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CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE SEVENTH JUDICIAL CIRCUIT  
IN FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Stefko Consulting LLC

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

## ARTICLE II - Address:

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

### Principal Office Address:

27253 Puno Drive

Punta Gorda, Florida 33983

### Mailing Address:

27253 Puno Drive

Punta Gorda, Florida 33983

## 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:

Joseph Stefko

Name

27253 Puno Drive

Florida street address (P.O. Box **NOT** acceptable)

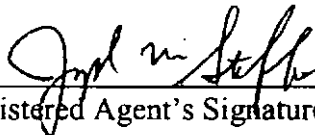
Punta Gorda

FL 33983

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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2024 DEC 18 AM 1:55  
STEFKO CONSULTING LLC  
PUNTA GORDA, 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

President

**Name and Address:**

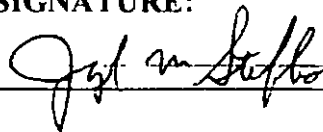
Joseph Stefko

(Use attachment if necessary)

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

NA

**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.

Joseph Stefko

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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2024 DEC 18 AM 1:55  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

**Pennsylvania Department of State**  
Bureau of Corporations and Charitable Organizations  
PO Box 8722 | Harrisburg, PA 17105-8722  
T: 717-787-1057  
[dos.pa.gov/BusinessCharities](http://dos.pa.gov/BusinessCharities)

**Regarding:** Stefko Consulting LLC  
**Request Type:** Subsistence Certificate  
**Request No.:** 046018628  
**Receipt No.:** 001294543  
**Filing Type:** Domestic Limited Liability Company  
**Filing Subtype:** Limited Liability Company  
**Initial Filing Date:** September 23, 2011  
**Status:** Active

**Issuance Date:** November 12, 2024  
**File No.:** 0004057363

**TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:**

I DO HEREBY CERTIFY THAT

Stefko Consulting LLC

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and caused the seal  
of my office to be affixed, the day and year  
above written

**Albert Schmidt**

Secretary of the Commonwealth

Verify this certificate online at [www.file.dos.pa.gov](http://www.file.dos.pa.gov)