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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	
Special Instructions to Filing Officer:	

Office Use Only

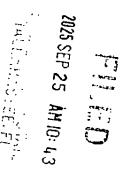


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CORPORATE ACCESS, _

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

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	PICK UP:	: MARIA 9/25
	CERTIFIED COPY	
XX	РНОТОСОРУ	
	CUS	
XX	FILING	CONVERSION
A	PPLIED SCIENCES CON	SULTING, INC
10	VARIOUS TENANTA AND TO COME.	. 1 1 2/
(C	CORPORATE NAME AND DOCUME	N'Γ#)
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(C	ORPORATE NAME AND DOCUME.	N 1 #)
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ECIAL II	NSTRUCTIONS:	

COVER LETTER

TO:	New Filing S Division of C					
SHR	IFCT: Applied	Sciences Consulting, LLC	C			
300	<u> </u>	(Name of Res	ulting Florida Limit	ed Con	ipany)	
					d fees are submitted to convert an "Othe coordance with s. 605.1045, F.S.	
Pleas	se return all corr	espondence concernin	g this matter to:			
Elie (G. Araj					
		(Contact Person)		•		
Appli	ed Sciences Con	sulting, LLC				
		(Firm/Company)		•		
1000	N. Ashley Drive,	Suite 500				
		(Address)		-		
Tamp	oa, FL 33602					
	(1	City, State and Zip Code)		-		
earaj	@appliedfl.com					
E-	mail Address: (to b	e used for future annual re	port notifications)	-		
For f	urther informati	on concerning this ma	tter, please call:			
Elie (G. Araj		at (813	228-	0900	
•	(Name of Conta	net Person)	(Area Code)	(Day	time Telephone Number)	
		for the following amount a bank located in the	•	rocess	sed by this office must be payable in US	
(\$25 f & \$12	50.00 Filing Fees for Conversion 25 for Articles ganization)	S155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy. and Certificate of Status	
	Mailing Add				t Address:	
	New Filing S Division of C			New Filing Section Division of Corporations		
	P.O. Box 632				Centre of Tallahassee	
	Tallahassee.	FL 32314		2415	N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Conversion For "Other Business Entity" Into

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 prior to the filing of the Articles of Conversion is: Applied Sciences 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, common law or business trust, etc.)
Florida
(Enter state, or if a non-U.S. entity, the name of the country)
July 26, 2005
July 26, 2005 on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Applied Sciences Consulting, LLC
(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 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.

Signed this 25th day of September	<u>20</u> <u>25</u>
Signature of Authorized Representative of Limit	ed Liability Company:
Signature of Authorized Representative:	G. Araj
Signature(s) on hehalf of Other Business Entity: [5]	See below for required signature(s)
Signature:	Title: President
Signature:Printed Name:	_Title:
Signature:Printed Name:	
Signature:Printed Name:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	orporator must sign. y Partnership:
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	y Limited Partnersnip:
All others: Signature of an authorized person.	#10:43
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Li	nited Liability Company is	S:		
Applied Sciences Co	nsulting, LLC			
(Mu:	t contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ade The mailing address	dress: s and street address of the p	principal office of the Lim	ited Liability Com	pany is:
Principal Office A	ddress:	Mailing Address:		
1000 N. Ashley Drive Suite 500	<u>. </u>	1000 N. Ashley Drive Suite 500		
Tampa, FL 33602		Tampa, FL 33602		
The Limited Liability Co business entity with an a	gistered Agent, Registered mpany cannot serve as its own Registive Florida registration.) Iorida street address of the Elie G. Araj	istered Agent. You must designate registered agent are:	an individual or another SEP 25	
	Nan	ne	70.00	
	1000 N. Ashley Drive, Suite	500	AM 10: 43	
	Florida street address (P.	O. Box <u>NOT</u> acceptable)		
	Tampa	FL ³³⁶⁰²		
	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)

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	ASPC Holdco. Inc.
	1000 N. Ashley Drive. Suite 500
	Tampa. FL 33602
P, S, T	Elie G. Araj
	1000 N. Ashley Drive, Suite 500
	Tampa, FL 33602
V	Brian R. Cook
	1000 N. Ashley Drive, Suite 500
	Tampa, FL 33602
	
(Use attachment if necessary)	THURATES
(Ose attachment if necessary)	
LE V: Other provisions, if any.	$\delta_{ij} \sim 0$
22. Total provisions, it may	C) A Pri- 25
	<u>်</u> ယိ
REQUIRED SIGNATURE:	OocuSigned by.
	Elie G. dray
	31354ABC3EC24D4
Signature of a member or	an authorized representative of a member
I his document is executed in accordance any false information submitted in a docu	e with section 605.0203 (1) (b), Florida Statutes. I am aware that iment to the Department of State constitutes a third degree felong
as provided for in s.817.155, F.S.	ament was beganness of state constitutes a unit degree term
Elie G. Araj	<u> </u>
	yped or printed name of signee Filing Fees