P110000041248

(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:

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SECTION STATE
ALLAHASSEE, FLORID

B. BOSTICK APR 28 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Administrative Consulting Network INC

Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

Emily Tedder				
	Contact Person			
Administrative C	Consulting Networ	·k		
	Firm/Company			
7948 Baymeadows	Way, Ste 401			4
	Address); [-
Jacksonville, FL 3	2256			2 1 1
C	City, State and Zip Code			
,	Ogmail.com be used for future annual r on concerning this ma	•		
Emily Tedder	on concerning this ma	•	-2093	
Name of Con	tact Person	—"· \————/——	ime Telephone Number	
Enclosed is a check t	for the following amou	ınt:		
☑ \$105.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	☐\$113.75 Filing Fees and Certified Copy	□\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRES	<u>S:</u>	MAILING A	ADDRESS:	
Danishasias Castlass		Daulatuatian	Canting	

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Certificate of Conversion For "Other Business Entity" Into

Florida Profit Corporation

This Certificate of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

Florida Statutes.
1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
Administrative Consulting Network LLC L 11000040318
Enter Name of Other Business Entity
2. The "Other Business Entity" is a Limited Liability Company (Enter entity type. Example: limited liability company, limited partnership, general partnership, common 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 name of the country)
on 4/5/2011
Enter date "Other Business Entity" was first organized, formed or incorporated:
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:
Administrative Consulting Network Inc
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)
6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.607.1115, F.S., in effecting the conversion.
7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is currently organized, formed or incorporated. Page 1 of 2

Signed this 21	day of April	, 20_ 11			
Required Signs	ture for Florida Profit Corpora	tion:			
		nis document are true. Any false inf	ormation	1.0000	titutos
a third degree fel	ony as provided for in s.817.155,	F C	omatioi	COIIS	nuites
_	\sim				
Signatura of Cha	immon Viad Chaimfon Daggard	Officer, or, if Directors or Officers I	1	1	
Signature of Cha	iman, vice chairman, Diffectorio	Tilber, or, if Directors or Officers i	nave not	been	
selected, an Inco	rporator:				
Printed Name: E	mily redder Title:	President	 -		
	\mathcal{C}				
		s Entity: Individual(s) signing affire			
stated in this doc	ument are true. Any false informa	tion constitutes a third degree felon	y as pro	vided ⁻	for in
s.817.155, P.S , [S	See below for required signature(s).	1			
'	di Mada	-			
Signature: 100	elet Hadler				
Printed Name: Em	ily Tedder	Title: President			
Signature:					
Printed Name:		Title:			
Signature:			 ≱∽		
Printed Name:		Title:			
	-		— <u>}</u>	APR	
Signature:			10.37	₹2	\$ §
Printed Name:		Title:		27	7
Timed Name		Title.)]***(}***)
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Printed Name:		Title:	OF STATE	$\dot{\wp}$	
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Signature					
Printed Name:		Title:		*.	
rinica ivanic					
(f Florida Conord	al Partnership or Limited Liabili	by Dough anglian			
Signature of one C	Canaral Dartner	y raithership.			
signature of one C	Jeneral Farther,				
IC Flouida Timita	d Dansmanskin an Limited Link tit	- I inside I Dendara - I i			
Cirnotuna of All	d Partnership or Limited Liabilit	y Limited Partnersnip:			
Signatures of ALI	General Partners.				
	17:19: 0				
	d Liability Company:				
Signature of a Mei	mber or Authorized Representative	•			
<u>All others:</u>					
Signature of an au	thorized person.				
<u>Fees:</u>					
Certificate	e of Conversion:	\$35.00			
Fees for F	lorida Articles of Incorporation:	\$70.00			
Certified (•	\$8.75 (Optional)			
	of Status:	\$8.75 (Optional)			
		× 1			

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I	<u>NAME</u>		
The name of the co	rporation shall be: Administrative	Consulting Networl	k Inc
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailin	g address, if different is:
	meadows Way, Ste 300		
Jacksonvill	e, FL 32256		
ARTICLE III	PITEPOSE		
	nich the corporation is organized is:		
Professional	Corporation		
ARTICLE IV	SHARES		
The number of shar	es of stock is: 100		
ARTICLE V	INITIAL OFFICERS AND/OR DIR	ECTORS	
	e; Emily Tedder Officer/Director		
Address:	605 Park Ave #409	Address:	
	Orange Park, FL 32073		
	-		
Name and Ti	tle:		
Address:		Address:	
Name and Tit	ile:	Name and Title:	
Address:		Address:	Ass.
		 ;	<u> </u>
		Emily Te	20
ARTICLE VI	REGISTERED AGENT		SOLUTION NO.
	rida street address (P.O. Box NOT accep	otable) of the registered agent is:	
Name:	Emily Tedder		
Address:	7948 Baymeadows Way, Ste 401 Jacksonville, FL 32256		FLOR
	38.KS014110, 1 E 32230		ATI ORIC
	<u>INCORPORATOR</u>		DA DA
he <u>name and add</u>	<u>ress</u> of the Incorporator is:		-
Name:	Emily Tedder		
Address:	7948 Baymeadows Way, Ste 401		
	Jacksonville, FL 32256		
aving been name	d as registered agent to accept service o	f process for the above stated co	rporation at the place designated in
his certificate, I an	familiar with and accept the appointme	nt as registered agent and agree t	to act in this capacity
K. 11 (h d day		
VVIII4		4/21/11	
Requi	red Signature/Registered Agent	Date	
Supposite etain do anno	want and affirm that the facts stated by	rain and true I am man that a	un falca information achieved to
signing into accur Intument to the De	nent and affirm that the facts stated her pagment of State constitutes a third degi	en are true. I am aware that at see felony as provided for in s 213	ny jaise injormation suomitted in 6 7 155 FS
8 /		ce justing as provided for in 3.017	reading a side
MIVIL	X WWW	4/21/11	
Require	ed Signature/Incorporator	Date	