## P13000018601

(Requestor's Name)				
(Address)				
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PICK-UP	WAIT	MAIL		
(Busi	iness Entity Nar	ne)		
(Document Number)				
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SECRETARY OF STATE ON STORY OF CORPORATIONS

Ps 7/25/13

## **COVER LETTER**

s.

TO: Charter Section

Division of C	orporations		
SUBJECT:	CLA Cor	nsultants, Inc.	
	Name of Resultin	g Florida Profit Corporation	n
			and fees are submitted to ion" in accordance with s.
Please return all corre	espondence concerning	g this matter to:	
Cha	arles W. Liem		
	Contact Person	•	
	Firm/Company		
1109 S	andhurst Driv	/e	
	Address		
Tallahas	see, Florida 3	2312	
C	ity, State and Zip Code		
jessica(	@raglovercpa	i.com	
E-mail address: (to	be used for future annual re	eport notification)	
For further information	on concerning this mat	ter, please call:	
Charles	W. Liem	at ( 850 ) 59	1-0122
Name of Con	tact Person	<del> </del>	ne Telephone Number
Enclosed is a check f	or the following amou	nt:	
■ \$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 ADDRESS Charter Section Division of Corporati Clifton Building 2661 Executive Center Tallahassee, FL 3236	ons er Circle	MAILING A Charter Section Division of C P. O. Box 632 Tallahassee, I	on orporations 27

PILED SECRETARY OF STATE DIVISION OF CORPORATIONS

Certificate of Conversion
For
"Other Business Entity"

Into

Florida Profit Corporation

13 JUL 25 PM 2: 01

4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u>

the laws of which it is now organized, formed or incorporated:

CLA Consultants, Inc.

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under

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.)

EALED SECRETARY OF STATE DIVISION OF CORPORATIONS

Circumstation 25th January	20.42	ADIAIDION OF C	URTURATION
Signed this 25th day of July		13 JUL 25	PM 2: 01
Required Signature for Florida Profit Corpora	tion:	10 200 52	111 2.01
Signature of Chairman, Vice Chairman, Director, been selected, an Incorporator:  Printed Name: Charles W. Liem Title:	Officer, or, if Directors or O	fficers have not	
Printed Name: Charles W. Llem / Pitte:	Director		
Required Signature(s) on behalf of Other Busines signature(s).]	ss Entity: [See below for requ	iired	
Signature: / Compt / Printed Name: Amy K. Light	Title: Managing Member		
Signature: Printed Name:	Title:		
Signature:			
Signature:Printed Name:	Title:		
Signature:			
Printed Name:	Title:		
Signature:			
Printed Name:	Title:		
Signature:			
Printed Name:	Title:		
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:		
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:		
If Florida Limited Liability Company: Signature of a Member or Authorized Representative	<b>:</b> .		
All others: Signature of an authorized person.			
Fees:			
Certificate of Conversion:	\$35.00		
Fees for Florida Articles of Incorporation:	\$70.00		
Certified Copy: Certificate of Status:	\$8.75 (Optional) \$8.75 (Optional)		

## ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)3 JUL 25 PM 2: 01

ARTICLE I The name of the o	CLA Consultants, Inc.		
ARTICLE II The principal place	PRINCIPAL OFFICE ce of business/mailing address is:		
	Principal street address	Mailing address, if different is:	
1109 San	dhurst Drive	1109 Sandhurst Drive	
Tallahass	ee, Florida 32312	Tallahassee, Florida 32312	
ARTICLE III The purpose for Consulting	which the corporation is organized is:		
ARTICLE IV The number of sh	SHARES 1000  ares of stock is:  INITIAL OFFICERS AND/OR DID	RECTORS	
Name and Title:	Charles W. Liem	Name and Title:	
Address:	1109 Sandhurst Drive	Address:	
_	Tallahassee, Florida 32312		
Name and Title:		Name and Title:	
Address: _		Address:	
Name and Title: Address:		Name and Title:Address:	
ARTICLE VI The name and F	REGISTERED AGENT lorida street address (P.O. Box NOT acco	eptable) of the registered agent is:	
Name: Cr	narles W. Liem		
Address: 11	09 Sandhurst Drive		
Ta	llahassee, Florida 32312		

SECRETARY OF STATE DIVISION OF COMPONATIONS

13 JUL 25 PM 2:01

ARTICLE VII INCORPORATOR The name and address of the Incorporator is:

Name:

Charles W. Liem

Address:

1109 Sandhurst Drive

Tallahassee, Florida 32312

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this

I submit this document and affirm that the facts stated herein are true. 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.

 $\frac{7/25/3}{\text{Date}}$