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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO:

Charter Section

Division of Corporations

SUBJECT: FO	RD Cons	SULTING	MANAGEMEN
	Name of Resultir	ng Florida Profit Corpora	ition
		_	on, and fees are submitted to oration" in accordance with s.
Please return all corre	espondence concernin	g this matter to:	
LAPPY	FORD		
	Contact Person		
FORD C	onsu HNG	-MANAGE	MENT
	Firm/Company		
1525 W	Inappoid	EDR.	
	Address		
TARROW	SPKINGS	, FL 346	89
· C	ity, State and Zip Code		
laryton	divdy@ci	OMCAST. 1	VET
E-mail address: (to	be used for future annual r	eport notification)	
For further information	on concerning this ma	tter, please call:	
LARRY FE	PD	at (317) 2	189-3664
Name of Con	tact Person		ytime Telephone Number
Enclosed is a check f	or the following amou	int:	
☐ \$105.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	□\$113.75 Filing Fees and Certified Copy	Certified Copy, and Certificate of Status
STREET ADDRESS	<u>S:</u>	MAILING	ADDRESS:
New Filings Section		New Filing	
Division of Corporati	ions		f Corporations
Clifton Building 2661 Executive Center	or Cirola	P. O. Box (
Tallahassee, FL 3230		i ananassee	e, FL 32314

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

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

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:				
FORD CONSULTING MANAGEMENT LLC				
Enter Name of Other Business Entity				
2. The "Other Business Entity" is a				
(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 1/27/2014				
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 <u>attached Articles of Incorporation:</u>				
FORD CONSULTING MANDGEMENT CORPORATION				
FORD CONSULTING MANDEEMENT CORPORATION Enter Name of Florida Profit Corporation SUD S				
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				

Signed this 874 day of JANNA	, 20 15
Required Signature for Florida Profit Corporati	
Signature of Chairman, Vice Chairman, Director, Cobeen selected, an Incorporator: Printed Name: Title:	
Required Signature(s) on behalf of Other Business signature(s).]	Entity: [See below for required
Signature:	Title: PESIDENT
Signature:Printed Name:	_ Title:
Signature:Printed Name:	_ Title:
Signature:Printed Name:	_Title:
Signature:Printed Name:	Title: Title: Title:
Signature:Printed Name:	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.	
All others: Signature of an authorized person.	
Fees: Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)

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

The name of the corporation shall be:	NSULTING MANAGEMEN
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	CORP, (Sul
Principal street address	Mailing address, if different is:
1525 WHARFSIDE DR	
TARRON SPRINGS, FL 3	4689
ARTICLE III PURPOSE The purpose for which the corporation is organized is: CONSULTING CE	PPORMION
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIR	
Name and Title: LARRY FORD, PRESIDENT	Name and Title:
Address: 1525 WHARFSIDE DR.	Address:
TARRON SPRINGS, FL 34	1689
Name and Title:	Name and Title:
Address:	Address:
Name and Title:	Name and Title:
Address:	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT accel Name: LARRY FORD Address: 1525 WHARFOIDE D. TARROW SPRINGS FOR	
IARPON SPRINGS, M	<u> </u>

ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Name: LARRY FORD	
Address: 1525 WHARFSIDE DR.	
TARPON SPRINGS, FL 346E	39
	,

Having been named as registered agent to accept service of process for	
designated in this certificate, I am familiar with and accept the appointment capacity	as registered agent and agree to act in this
7.0	1/0/0011
(A) A) A) A	18/2014
Required Signature/Registered Agent	Date
Regulated Signalities Regulated Figure	Pate
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 degre	e felony as provided for in s.817.155, F.S.
Carry Ind	1/8/2014
Required Signature/Incorporator	Date
()	