

P15000013998

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

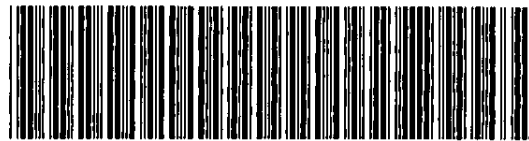
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Certificates of Status ☒

Special Instructions to Filing Officer:

Office Use Only

W/5-5610



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01/20/15--01047--015 **122.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
15 FEB -5 AM 11:42

FEB 1 12015

S. GILBERT



RECEIVED

15 FEB -5 AM 9:51

FLORIDA DEPARTMENT OF STATE
Division of Corporations, TALLAHASSEE, FLORIDA

January 27, 2015

RICK COCHRAN
3104 TURKEY WALL LANE
WIMAUMA, FL 33598

SUBJECT: COCHRAN INVESTIGATIONS & CONSULTING GROUP, INC.
Ref. Number: W15000005610

We have received your document for COCHRAN INVESTIGATIONS & CONSULTING GROUP, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

Please return the corrected original and one copy of 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.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 615A00001587

February 2, 2015

TO: Ms. Sylvia Gilbert

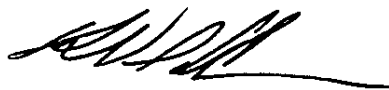
FROM: Rick Cochran

Subject: Letter Number 615A00001587 ref. Cochran Investigations & Consulting Group, Inc. W15000005610

Ms. Gilbert,

I received the above referenced letter from you dated January 27, 2015 (enclosed) on February 2, 2015. I called your office on the same date but you were unable to take my call. The male coworker in your office advised me that I was required to go online and complete the Annual report for my LLC L14000138876 and make my online payment for the annual report. After completing the online form and payment he advised me to send your letter back with a reference to my online payment being made. It has been completed (receipt enclosed) as well. Should there be anything else needed from me please let me know. I have to report the change to the Dept. of Agriculture for my Private Investigation Agency as well, and want to make sure I am up to date across the board as soon as possible. My contact information is listed below should you need to reach me.

Thank You,



Rick Cochran
3104 Turkey Walk Lane
Wimauma, Fl, 33598
Rick@CochranInvestigations.com
(813) 477-3842

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



Thank you for your payment.

Please print this receipt and keep it for your records.

Reference Number : CC2525691166

Doc Number : L14000138876

Payment Amount: \$138.75

Receipt Number: 3634041312

Transaction Date: 02/02/2015 05:06 PM

Payment Type:



*****7998

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Cochran Investigations & Consulting Group, 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:

Rick Cochran

Contact Person

Cochran Investigations & Consulting Group

Firm/Company

3104 Turkey Walk Lane

Address

Wimauma, Florida 33598

City, State and Zip Code

Rick@CochranInvestigations.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rick Cochran

Name of Contact Person

at **(813) 477-3842**

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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:

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

MAILING ADDRESS:

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

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

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15 FEB -5 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Cochran Investigations & Consulting Group, LLC

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 **09/05/2014**

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 **attached Articles of Incorporation:**

Cochran Investigations & Consulting Group, 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.)

Signed this 7TH day of JANUARY, 20 15.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: [Signature]

Printed Name: RICHARD S COCHRAN Title: PRESIDENT / CEO

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

Signature: [Signature]

Printed Name: RICHARD S COCHRAN Title: MANAGER / OWNER

Signature: [Signature]

Printed Name: KAREN J. COCHRAN Title: MANAGER / OWNER

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

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.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative. [Signature]

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Cochran Investigations & Consulting Group, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

3104 Turkey Walk Lane

Wimauma, Florida 33598

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For-profit corporation conducting private investigations and consulting.

ARTICLE IV SHARES 1000

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rick Cochran, President

Name and Title:

Address: 3104 Turkey Walk Lane
Wimauma, Fl. 33598

Address:

Name and Title: Karen Cochran, Vice-President

Name and Title:

Address: 3104 Turkey Walk Lane
Wimauma, Fl. 33598

Address:

Name and Title:

Name and Title:

Address:

Address:

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Rick Cochran

Address: 3104 Turkey Walk Lane
Wimauma, Fl. 33598

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CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Rick Cochran
Address: 3104 Turkey Walk Lane
Wimauma, Fl. 33598

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 capacity

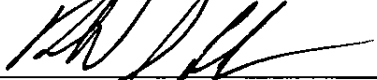


Required Signature/Registered Agent

01/07/15

Date

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.



Required Signature/Incorporator

01/07/15

Date