

P17000092829

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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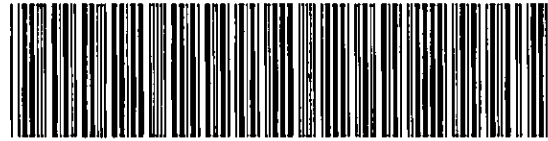
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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17 NOV 20 AM 11:30

CLERK OF STATE  
ALLASSEE, FLORIDA

T. BURCH

NOV 21 2017

## COVER LETTER

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** A3MT Consulting Services, 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:

Armando Tiongson, Jr.

\_\_\_\_\_  
Contact Person

A3MT Consulting Services, Inc.

\_\_\_\_\_  
Firm/Company

500 Trinity Ln N, #3202

\_\_\_\_\_  
Address

St. Petersburg, FL 33716

\_\_\_\_\_  
City, State and Zip Code

a3mtiongson@gmail.com

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

For further information concerning this matter, please call:

Armando Tiongson, Jr.

at ( 908 ) 391-9935

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
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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17 NOV 20 AM 11:31

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:

A3MT Consulting Services, 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 11/1/2017  
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:

N/A

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

A3MT Consulting Services, Inc.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 11/20/2017

(The effective date: Cannot be prior to nor more than 90 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.

Signed this 17th day of November, 2017.

**Required Signature for Florida Profit Corporation:**

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

Printed Name: Armando Tiongson, Jr. Title: CEO & President

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

Signature: \_\_\_\_\_

Printed Name: Armando Tiongson, Jr. Title: Owner, Authorized Representative

Signature: \_\_\_\_\_

Printed Name: Marissa Tiongson Title: Owner, Authorized Representative

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.

**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: A3MT Consulting Services, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address

500 Trinity Ln N, #3202

St. Petersburg, FL 33716

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

As business professionals, we bring a combined 30 years experience in IT and healthcare

management and consulting. Consulting with CEOs and top executives of organizations ranging

from startups to Fortune 500 companies, we have facilitated the creation of strategic plans, vision and mission statements,

and organizational re-engineering plans to achieve specific goals. Providing new thinking models

and coaching to executive teams, we will assist corporations in returning the company to leadership in creativity and

innovation in order to capture markets, in focusing resources toward targeted goals,

in designing matrix-based operations to improve productivity, and in instituting cultural change.

**ARTICLE IV SHARES**

The number of shares of stock is: 1500

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Armando Tiongson, Jr. | President & CEO

Address: 500 Trinity Ln N, #3202

St. Petersburg, FL 33716

Name and Title: Marissa Tiongson, CFO & Secretary

Address: 500 Trinity Ln N, #3202

St. Petersburg, FL 33716

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Marissa Tiongson  
Address: 500 Trinity Ln N, #3202  
St. Petersburg, FL 33716

**ARTICLE VII INCORPORATOR**


The **name and address** of the Incorporator is:

Name: Armando Tiongson  
Address: 500 Trinity Ln N, #3202  
St. Petersburg, FL 33716

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DEPARTMENT OF STATE  
ALLIANCE, FLORIDA

\*\*\*\*\*

*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

11/17/17  
\_\_\_\_\_  
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

11/17/17  
\_\_\_\_\_  
Date