P18000324454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FAX

To:		***From:***	tricia johnson e 37th 400 alton road apt 2604 miami beach FL 33139
Phone:		***Phone:***	*19176962862*
Fax Phone:	*(850) 245-6804*	***Fax Phone:***	*(646) 706-7067*
Date:	04/04/2018		
Pages including cover sheet:	11		

Note:

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 28, 2018

TRICIA REILLY JOHNSON
400 ALTON ROAD APT 3604
MIAMI BEACH, FL 33139

SUBJECT: LIFE OF REILLY CONSULTING LLC
Ref. Number: W18000079671

We have received your document for LIFE OF REILLY CONSULTING LLC and your check(s) totaling $113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you used is not the proper form to file a Conversion. Please fill out the form that is attached and submit it back to us for processing.

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 90 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sanders
Regulatory Specialist II
New Filing Section

Letter Number: 818A00006183

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Life ·€ Reilly Consulting Corp.
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:

TRICIA JOHNSON
Contact Person

Life ·€ Reilly Consulting
Firm/Company

400 N. 2d Apt 2604
Address

Miami FL 33139
City, State and Zip Code

TARNYC @ ·€ .com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

TRICIA JOHNSON at (917) 696-2862
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ $105.00 Filing Fees ☐ $111.25 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

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:

Life of City Consulting LLC
Enter Name of Other Business Entity

2. The "Other Business Entity" is a LLC L11000063863
(Enter one word. 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 5/31/11
Enter date the "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:

Life of City Consulting LLC
Enter Name of Florida Profit Corporation

5. If not effective on the date this is filed, enter the effective date:
(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.

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Signed this 4th day of April, 2018.

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: TRICIA JOHNSON Title: MGM

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

Signature: _____

Printed Name: TRICIA JOHNSON Title: MGM

Signature: _____

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: Life of Reilly Consulting Corp.

ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is:

Principal street address	Mailing address, if different is:
400 Alton Rd Apt 2604 Miami Beach Fl 33139	

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Restaurant consulting

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ARTICLE IV SHARES
The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tricia Johnson P
Address: 400 Alton Rd Apt 2604
Miami Beach Fl 33139

Name and Title: Mathew Johnson VP
Address: 400 Alton Rd Apt 2604
Miami Beach Fl 33139

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: Tricia Johnson

Address: 400 Alton Rd Apt 2604
Miami Beach FL 33139

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Tricia Johnson

Address: 400 Alton Rd Apt 2604
Miami Beach FL 3339

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.

Registered Signature/Registered Agent — Date: 4/3/18

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.

Registered Signature/Incorporator — Date: 4/3/18

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