

PIE000032454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

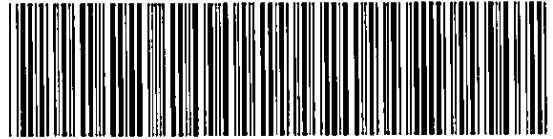
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

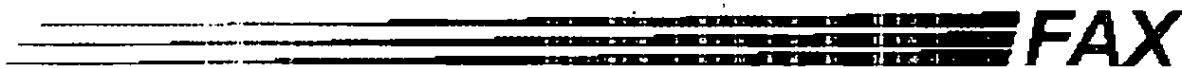


100309201761

03/26/18--01024--005 **93.75

02/23/18--01013--011 **30.03

FILED
18 APR -5 PM 3:11
TALLAHASSEE, FLORIDA



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:

attention Nassi

RECEIVED

2018 APR -4 PM 3:05

INFORMATION SERVICES
BUREAU OF COMMERCIAL
REGISTRATION

RECEIVED
18 APR -5 PM 3:11
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 28, 2018

TRICIA REILLY JOHNSON
400 A;TON ROAD APT 2604
MIAMI BEACH, FL 33139

SUBJECT: LIFE OF REILLY CONSULTING LLC
Ref. Number: W18000019671

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 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.

Nadira D McClees-Sant
Regulatory Specialist
New Filing Section

Letter Number: 818A00006183

FILED
18 APR -5 PM 3:11
DEPT OF STATE
TALLAHASSEE, FLORIDA

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT:

Life of 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 of Reilly Consulting

Firm Name

400 N. ... 2d Apt 2604

Address

Miami Beach FL 33139

City, State and Zip Code

TARNYC@reilly.com

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

For further information concerning this matter, please call:

TRICIA JOHNSON at (917) 096-2862

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$105.00 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

FILED
18 APR -5 PM 3:11
TALLAHASSEE, FLORIDA

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 Family Consulting LLC
Enter Name of Other Business Entity

2. The "Other Business Entity" is LLC LL110000063863
(Enter one of the following: 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 the 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 is:

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

Life of Family Consulting LLC
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, 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 space 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.

FILED
18 APR -5 PM 3:11
TALLAHASSEE, FLORIDA

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: [Signature]

Printed Name: TRICIA JOHNSON Title: MEM

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

Signature: [Signature]

Printed Name: TRICIA JOHNSON Title: MEM

Signature: [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/mailling address is:

Principal street address

Mailing address, if different is:

400 Alton Rd Apt 2604
Miami Beach FL

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

33139

Restaurant Consulting

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Tricia Johnson

Name and Title:

Matthew Johnson VP

Address:

400 Alton Rd Apt 2604
Miami Beach FL 33139

Address:

400 Alton Rd Apt 2604
Miami Beach FL 33139

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

FILED
MAY 18 1984
TALLAHASSEE, FLORIDA

18 APR -5 PM 3:11

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 33139

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

[Signature]
Registered Signature/Registered Agent

4/3/18
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.

[Signature]
Registered Signature/Incorporator

4/3/18
Date

FILED
18 APR - 5 PM 3:11
TALLAHASSEE, FLORIDA