

P18000042987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

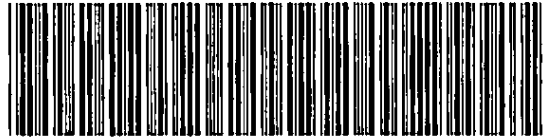
(Document Number)

Certified Copies _____ Certificates of Status _____

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MAY 14 2018



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18 MAY -8 AM 9:06
900313024839
FALL ARIZONA

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: GUTMAN 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:

MICHEL GUTMAN

Contact Person

GUTMAN CONSULTING CORP

Firm/Company

7381 NAVARRE PKWY UNIT 4314

Address

NAVARRE, FL 32566

City, State and Zip Code

michelgutman@gmail.com

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

For further information concerning this matter, please call:

MICHEL GUTMAN

at (501) 520-8217

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

FILED
18 MAY -3 AM 9:06
TALLAHASSEE, FL
CLERK OF COURT

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:

GUTMAN CONSULTING CORP

Enter Name of Other Business Entity

2. The "Other Business Entity" is a S-CORPORATION
(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 ARKANSAS
(Enter state, or if a non-U.S. entity, the name of the country)

on JUNE 20, 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:

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

GUTMAN CONSULTING CORP

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 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 1 day of MAY, 2018.

Required Signature for Florida Profit Corporation:

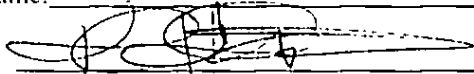
Signature of Chairman, ~~Vice Chairman~~, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: 

Printed Name: MICHEL GUTMAN Title: PRESIDENT

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

Signature: 

Printed Name: MICHEL GUTMAN Title: PRESIDENT

Signature: 

Printed Name: KIMBERLY KAY GUTMAN Title: VICE PRESIDENT

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)

FILED
18 MAY -8 AM 9:06
SPRINGFIELD, FL
FALL ADAMS ST. 31501

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: GUTMAN CONSULTING CORP

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address

7381 NAVARRE PKWY

UNIT 4314

NAVARRE, FL 32566

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CONSULTANT TO RETAIL JEWELERS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MICHEL GUTMAN (PRESIDENT)

Address: 7381 NAVARRE PKWY UNIT 4314

NAVARRE, FL 32566

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: KIMBERLY KAY GUTMAN (VP)

Address: 7381 NAVARRE PKWY UNIT 4314

NAVARRE, FL 32566

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

FILED
18 MAY - 8 AM 9:06
STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF ALACHUA

ARTICLE VI REGISTERED AGENT

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

Name: MICHEL GUTMAN
Address: 7381 NAVARRE PKWY UNIT 4314
NAVARRE, FL 32566

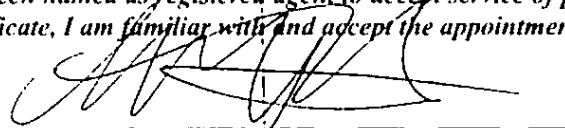
FILED
18 MAY -8 AM 9:06
STATE OF FLORIDA
TALLAHASSEE

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MICHEL GUTMAN
Address: 7381 NAVARRE PKWY UNIT 4314
NAVARRE, FL 32566

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

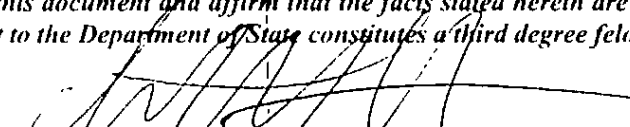


Required Signature/Registered Agent

5/1/2018

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

5/1/2018

Date