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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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# **SACHS SAX CAPLAN**

ATTORNEYS AT LAW

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6111 BROOKLYN SOUND PARKWAY NW  
BOCA RATON, FLORIDA 33487

TELEPHONE (561) 994-4499  
DIRECT LINE (561) 237-6868  
FACSIMILE (561) 994-4985

JEFFREY J. WOLFE, ESQ.  
jwolfe@ssclawfirm.com

September 10, 2018

**Via FedEx**

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

**Re: Certificate of Conversion  
G ROB CONSULTING, INC.**

Dear Sir/Madam:

Enclosed please find a Certificate of Conversion for "G ROB CONSULTING, INC.", along with a check made payable to "Department of State" in the amount of \$105.00. Please process this form immediately.

If you have any questions please feel free to call me.

Very truly yours,



JEFFREY J. WOLFE, ESQ.

10 SEP 13 AM 9:12  
TALLAHASSEE  
FEDERAL DEPARTMENT OF STATE

### COVER LETTER

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** G ROB CONSULTING, 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:

Jeffrey Wolfe, Esq.

Contact Person

Sachs Sax Caplan, P.L.

Firm/Company

6111 Broken Sound Parkway NW, Suite 200

Address

Boca Raton, FL 33487

City, State and Zip Code

grobson22@mc.com

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

For further information concerning this matter, please call:

Jeffrey Wolfe

at ( 561 ) 237-6868

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input checked="" type="checkbox"/> \$105.00 Filing Fees | <input type="checkbox"/> \$113.75 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$113.75 Filing Fees<br>and Certified Copy | <input type="checkbox"/> \$122.50 Filing Fees,<br>Certified Copy, and<br>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

18 SEP 16 AM 9:12  
CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE 1ST JUDICIAL CIRCUIT  
IN FLORIDA  
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:

G ROB CONSULTING LLC

L17000262093

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 December 27, 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**:

G ROB CONSULTING, INC.

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 10th day of September, 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: Gail Robson

Printed Name: Gail Robson Title: President

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

Signature: Gail Robson

Printed Name: Gail Robson Title: Manager

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

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

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)

10 SEP 18 AM 9:12  
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**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: G ROB CONSULTING, INC.

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailing address is:

Principal street address  
704 SAINT ALBANS DRIVE

BOCA RATON, FL 33486

Mailing address, if different is:

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

Any and all lawful business.

**ARTICLE IV    SHARES**

The number of shares of stock is: 1,000

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

Name and Title: Gail Robson, President & Director

Address: 704 SAINT ALBANS DRIVE  
BOCA RATON, FL 33486

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

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

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

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

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

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

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

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

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

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

19 SEP 19 AM 9:12  
STAFF  
FALL AT

**ARTICLE VI REGISTERED AGENT**

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

Name: Gail Robson  
Address: 704 SAINT ALBANS DRIVE  
Boca Raton FL 33486

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Gail Robson  
Address: 704 SAINT ALBANS DRIVE  
Boca Raton FL 33486

.....  
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

September 10, 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 § 817.155, F.S.

  
Required Signature/Incorporator

September 10, 2018  
Date

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