

# PI9000069758

\_\_\_\_\_  
(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

STATE OF FLORIDA  
DIVISION OF CORPORATIONS

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JAIL MASSIE, FLORIDA

K PAGE

SEP 12 2019

## COVER LETTER

**TO:** Charter Section  
Division of Corporations  
Maestri Consultants, Inc.

**SUBJECT:** \_\_\_\_\_ 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:

Susan Anderson Hill

### Contact Person

## Maestri Consultants, Inc.

**Firm/Company**

2973 Wilderness Blvd E

### Address

Parrish, FL 34219

**City, State and Zip Code**

sa@maestriconsultants.com

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

For further information concerning this matter, please call:

Susan Anderson Hill 603 479-8368  
at ( )  
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**

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:  
Maestri Consultants, Inc.

Enter Name of Other Business Entity  
Corporation

2. The “Other Business Entity” is a \_\_\_\_\_  
(Enter entity type. Example: limited liability company, limited partnership,  
general partnership, common law or business trust, etc.)

New Hampshire

first organized, formed or incorporated under the laws of \_\_\_\_\_  
(Enter state, or if a non-U.S. entity, the name of the country)

on \_\_\_\_\_

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:  
Maestri Consultants, 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.

19 SEP -3 AM 11:08  
FLORIDA  
MAESTRI CONSULTANTS, INC.

28th

August

19

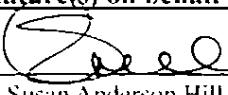
Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**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: Susan Anderson Hill Title: President

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

Signature:  Susan Anderson Hill President

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

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

**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)

ALL AMERICA FLORIDA  
19 SEP -3 AM 11:08



**ARTICLE VI REGISTERED AGENT**

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

Susan Anderson Hill - President

Name: \_\_\_\_\_  
2973 Wilderness Blvd E

Address: \_\_\_\_\_  
Parrish, FL 34219

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Susan Anderson Hill

Name: \_\_\_\_\_  
2973 Wilderness Blvd E

Address: \_\_\_\_\_  
Parrish, FL 34219

\*\*\*\*\*

*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*

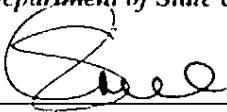


08-28-2019

\_\_\_\_\_  
Required Signature/Registered Agent

\_\_\_\_\_  
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.*



08-28-2019

\_\_\_\_\_  
Required Signature/Incorporator

\_\_\_\_\_  
Date

19 SEP -3 4M 11: 08  
ALLAMASSE, FLORIDA  
SUSAN ANDERSON HILL  
SUSAN ANDERSON HILL