

P19000069758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

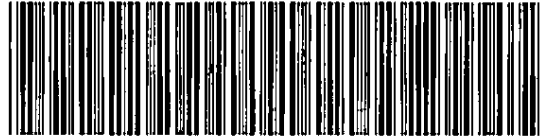
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SEP 12 2019 11:08 AM
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

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 ☐ \$113.75 Filing Fees ☒ \$122.50 Filing Fees,
and Certificate of and Certified Copy Certified Copy, and
Status 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)

January 30, 2003

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.

FILED
19 SEP -3 AM 11:08
TALLAHASSEE, FLORIDA

Signed this 28th day of AUGUST, 2019.

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: Susan Anderson Hill Title: President

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

Signature: [Signature]
Printed Name: Susan Anderson Hill Title: President

Printed Name: _____ Title: _____

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)

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19 SEP -3 AM 11:08
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

Maestri Consultants, Inc.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

2973 Wilderness Blvd E

Same

Parrish, FL 34219

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide technology training to end users allowing them to adopt and benefit from the technology's

features and for organizations to realize the return on their capital investment.

ARTICLE IV SHARES 300

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Susan Anderson Hill - President

Name and Title: _____

Name and Title: _____

2973 Wilderness Blvd E

Address: _____

Address: _____

Parrish, FL 34219

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

RECEIVED
DIVISION OF REVENUE
19 SEP -3 AM 11:08
TALLAHASSEE, FLORIDA

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

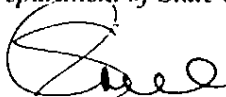


Required Signature/Registered Agent

08-28-2019

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

08-28-2019

Date

RECEIVED
DIVISION OF CORPORATE AFFAIRS
19 SEP -3 AM 11:08
TALLAHASSEE, FLORIDA