

P190000071857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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SEP 20 2019



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SEP 19 PM 6:26
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 12, 2019

SUSAN ANDERSON HILL
2973 WILDERNESS BLVD E
PARRISH, FL 34219

SUBJECT: VIRTUOSO, INC.
Ref. Number: W19000082708

We have received your document for VIRTUOSO, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

Please return 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.

Keyna E Page
Regulatory Specialist II

Letter Number: 519A00018806

TO: Charter Section
Division of Corporations
~~Virtuoso, Inc.~~

SUBJECT: _____

Virtuoso Consultants, 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:

Susan Anderson Hill

Contact Person

~~Virtuoso, Inc.~~

Virtuoso 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:

~~Virtuoso, Inc.~~

Virtuoso 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)

June 28, 2017

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:

~~Virtuoso, Inc.~~

Virtuoso 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.

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FALLASSIST, FLORIDA

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: _____

Printed Name: Susan Anderson Hill Title: President

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)

FILED
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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

ARTICLE I. NAME

Virtuoso, Inc.

The name of the corporation shall be: Virtuoso Consultants, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing 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 100

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: _____

19 SEP 19 PM 6:26
ALL AMSSSE, FLORENCE
ARTICLE V, INCORPORATION

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 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 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 REGISTRATION
19 SEP 19 PM 6:26
TALLAHASSEE, FLORIDA