

P2100001039

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(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 5, 2021

SARA CASTRO, ESQUIRE
CASTRO POTTS LAW FIRM, PLLC
14864 TAMiami TRAIL, UNIT A-205
NORTH PORT, FL 34287

SUBJECT: ECLIPSE HR SOLUTIONS, INC.
Ref. Number: W21000144580

We have received your document for ECLIPSE HR SOLUTIONS, INC. and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete and return the enclosed Articles of Conversion and Articles of Incorporation. The previous sent documents do not need to be returned and no further payment is needed.

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.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 321A00027030

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Eclipse HR Solutions, Inc.

Name of Resulting Florida Profit Corporation

The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligible entity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202, F.S.

Please return all correspondence concerning this matter to:

Sara Castro Potts, Esquire

Contact Person

Castro Potts Law Firm, PLLC

Firm/Company

14864 Tamiami Trail, Unit A-205

Address

North Port, FL 34287

City, State and Zip Code

scastro@castropotts.com

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

For further information concerning this matter, please call:

Sara Castro Potts, Esquire

at (941) 300-9595

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

Mailing Address:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 210
Tallahassee, FL 32309

Articles of Conversion
For
Converting Eligible Entity
Into
Florida Profit Corporation

The Articles of Conversion **and attached Articles of Incorporation** are submitted to convert the following **eligible business entity into a Florida Profit Corporation** in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:
The Solutions Group, Inc. dba Eclipse HR Solutions, Inc.

Enter Name of the Converting Entity

2. The converting entity is a **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 **Illinois**
(Enter state, or if a non-U.S. entity, the name of the country)

on **July 19, 1994**
Enter date "Converting Entity" was first organized, formed or incorporated.

3. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**
Eclipse HR Solutions, Inc.

Enter Name of Florida Profit Corporation

4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.

5. If not effective on the date of filing, enter the effective date: **November 15, 2021**
(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 29th day of November, 2021.

Required Signature for Florida Profit Corporation:

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

Delegated by
Deborah Hoffmann

Printed Name: Deborah Hoffmann Title: President, Secretary & Treasurer

Required Signature(s) on behalf of Converting Florida partnerships, limited partnerships, and limited liability companies: [See below for required signature(s).]

Signature: Delegated by
Deborah Hoffmann

Printed Name: Deborah Hoffmann 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:

Articles 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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**ARTICLES OF INCORPORATION
FOR RESULTING FLORIDA PROFIT CORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)**

ARTICLE I NAME

The name of the corporation shall be: Eclipse HR Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address

Mailing address, if different is:

307 W. Venice Avenue

307 W. Venice Avenue

Suite 2D

Suite 2D

Venice, FL 34285

Venice, FL 34285

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation is organized for the following purposes: the transaction of any or all lawful businesses for which
corporation may be incorporated under Florida law.

ARTICLE IV SHARES

The number of shares of stock is: One Thousand (1,000)

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title: Deborah Hoffmann, President, Secretary & Treasurer

Name and Title: _____

Address: 307 W. Venice Avenue, Suite 2D

Address: _____

Venice, FL 34285

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

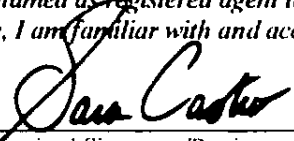
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Castro Potts Law Firm, PLLC
Address: 1990 Main Street, Suite 750
Sarasota, FL 34236

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

11/17/2021
Date

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