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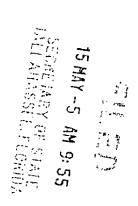
3 67137
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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— MORRIS LAW GROUP— Wealth Preservation Attorneys

Stuart R. Morris, Esq., C.P.A., B.C.S. Board Certified: Wills, Trusts & Estates SMorris@Law-Morris.com

Gregory S. Bloshinsky, Esq., B.C.S. Board Certified: Wills, Trusts & Estates GBloshinsky@Law-Morris.com

M. Wayne Patton, Esq. WPatton@Law-Morris.com

Mark A. Gotlieb, Esq., LL.M. MGotlieb@Law-Morris.com

7284 West Palmetto Park Road Suite 101 Boca Raton, Florida 33433

Telephone: 561-750-3850
Fax: 561-750-4069
E-Mail: Info@Law-Morris.com
Website: www.Law-Morris.com

Practicing Exclusively In:

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Succession
Domestic & International Tax Planning
Probate & Trust Administration
Special Needs Planning

May 4, 2015

Via FedEx

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

Re: Gold Coast Professional Schools, Inc.

Our File No.: 23107.001

Dear Sir or Madam:

Enclosed please find the Articles of Conversion, Articles of Organization, and fees to convert an "Other Business Entity" into a "Florida Limited Liability Company" regarding the above-referenced entity.

I have also enclosed a return FedEx invoice and envelope for your use in returning the certified copy to us.

Thank you and should you have any questions, please do not hesitate to contact me.

Sincerely,

MORRIS LAW GROUP

Laura E. Ahlers

Paralegal Enclosures

P:\23107.001\Ltr to St of FL re filing convers.docx

COVER LETTER

SUBJECT: GOLD	COAST PROFESSI	ONAL SCHOOL	_S, I	NC.	
		of Resulting Florida			
		-		nd fees are submitted to convert an "Of accordance with s. 605.1045, F.S.	ther
Please return all corr	espondence concernin	g this matter to:			
Stuart R. Morris, E	sq.				
•	(Contact Person)				
Morris Law Group					
	(Firm/Company)				
7284 W. Palmetto	Park Road, Ste 101				
	(Address)				
Boca Raton, FL 33	3433				
((City, State and Zip Code)				
smorris@law-morr	is.com				
E-mail Address: (to b	e used for future annual re	port notifications)			
For further informati	on concerning this ma	tter, please call:			
Stuart R. Morris, E	sq.	_{at (} 561	750	9-3850	
(Name of Conta	ect Person)		(Day	ytime Telephone Number)	
Enclosed is a check f	or the following amou	nt:			
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$155.00 Filing Fees and Certificate of Status	\$180.00 Filing and Certified Copy		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRES	S:	MAILI	NG A	ADDRESS:	
Registration Section		Registra	ation :	Section	
Division of Corporat	ions			Corporations	
Clifton Building		P. O. Be	ox 63:	27	

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

TO: Registration Section

Division of Corporations

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Article GOLD COAST PROFESSIONAL SCHOOLS, INC.	s of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a Corporation	
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	
First organized, formed or incorporated under the laws of Florida	
July 15, 1991 (Enter state, or if a non-U.S. entity, the r	name of the country)
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Artic	les of Organization:
GOLD COAST PROFESSIONAL SCHOOLS, LLC	
(Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date:	
(The effective date: 1) cannot be prior to date of receipt or filed date nor more than date this document is filed by the Florida Department of State; <u>AND</u> 2) must be the date listed in the attached Articles of Organization, if an effective date is listed there	same as the effective
5. The plan of conversion has been approved in accordance with all applicable statutes.	15
Page 1 of 2	MAY -5 AN

Signed this 15t day of May				
()				
Signature of Authorized Representative of Limi	ted Liability Company:			
Signature of Authorized Representative:				
Printed Name: Stuart R. Morris, Esq.		-		
Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]			
Signature:				
Signature: Printed Name: James Q. Greer	Title: President	- -		
Signature:				
Signature: Printed Name:	Title:	-		
Signature:		_		
Printed Name:	_ Title:	-		
Signature:		_		
Printed Name:	Title:	-		
Signature:Printed Name:	Title	-		
Signature:Printed Name:	Title	-		
Filinted Name.	Title	-		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or 6	Officer			
If Directors or Officers have not been selected, an Inc				
If Florida General Partnership or Limited Liabilit	ty Partnership:			
Signature of one General Partner.		~~		
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:	ELL AH	15 MA	
All others:		7.08 7.08	17-5	و ولاية ديمورخ
Signature of an authorized person.			P.	Ę
Fees:		101 121	$\dot{\sigma}$	Friend
Articles of Conversion:	\$25.00		ର ବ୍ୟ	•
Fees for Florida Articles of Organization:	\$125.00			
Certified Copy: Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)			
Certificate of Status.	45.00 (Optional)			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
GOLD COAST PROFESSIONAL SCHOOL		
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC	.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Lim	ited Liability Company is:
Principal Office Address:	Mailing Address:	
5600 Hiatus Road Tamarac, FL 33321	5600 Hiatus Road Tamarac, FL 33321	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the r	tered Agent. You must designate	
MORRIS LAW GROUP		,
Name		•
7294 W. Balmotta Bark E	Pood Sto 101	
7284 W. Palmetto Park F Florida street address (P.O	· · · · · · · · · · · · · · · · · · ·	
Boca Raton	FL 33433	
City	Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacistatutes relating to the proper and completed accept the obligations of my position as registered Agent's Sign	this certificate, I hereby ity. I further agree to conferformance of my duties, gistered agent as provided atture (REQUIRED)	accept the appointment as nply with the provisions of all and I am familiar with and
(CONTIN	UED)	25 5

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	JAMES D. GREER
<u> </u>	5600 Hiatus Road
	Tamarac, FL 33321
MGR	JOHN L. GREER
	5600 Hiatus Road
	Tamarac, FL 33321
	
(Use attachment if necessary)	
CLE V: Effective date, if other than	the date of filing: (OPTIONAL
ffective date is listed, the date mu days after the date of filing.)	ust be specific and cannot be more than five business da
- ·	
LE VI: Other provisions, if any.	
LE VI: Other provisions, if any.	
CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury 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.)

Stuart R. Morris, Esq., Authorized Representative
Typed or printed name of signee

Filing Fees:

ARTICLE IV-

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)