

L15000153098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

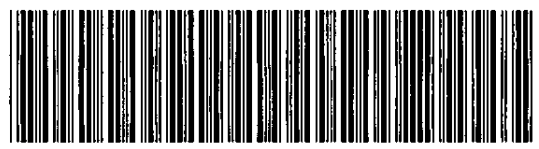
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200276161902

08/21/15--01016--027 **150.00

15 SEP 14 AM 10:00

115-5726 MD 9/15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SZUMLANSKI INVESTMENTS LLC
(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

GHADA SKAFF
(Contact Person)

LIESER SKAFF ALEXANDER
(Firm/Company)

403 N HOWARD AVENUE
(Address)

TAMPA, FL 33606
(City, State and Zip Code)

barry@szumlanski.com
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

GHADA SKAFF at (813) 280-1256
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)
- \$155.00 Filing Fees and Certificate of Status
- \$180.00 Filing Fees and Certified Copy
- \$185.00 Filing Fees, Certified Copy, and Certificate of Status

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

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 27, 2015

GHADA SKAFF
LIESER SKAFF ALEXANDER
403 N. HOWARD AVENUE
TAMPA, FL 33606

SUBJECT: SZUMLANSKI INVESTMENT LLC
Ref. Number: W15000057126

We have received your document for SZUMLANSKI INVESTMENT LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity must be identical throughout the document.

The Certificate of Conversion must be signed by an authorized person.

Please return the corrected original and one copy of 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.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 415A00018176

Articles of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

15 SEP 14 AM 10:00
STATE OF FLORIDA
DEPARTMENT OF STATE

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 Articles of Conversion is: **SZUMLANSKI FAMILY LIMITED PARTNERSHIP**

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a **LIMITED PARTNERSHIP**

(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**

on **09/21/1993** (Enter state, or if a non-U.S. entity, the 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 Articles of Organization**:
SZUMLANSKI INVESTMENTS 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 90 days after the date this document is filed by the Florida Department of State; **AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.**)


5. The plan of conversion has been approved in accordance with all applicable statutes.

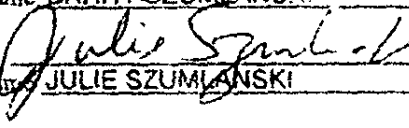
Signed this 4TH day of AUGUST 2015

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: 
Printed Name: BARRY SZUMLANSKI Title: MANAGER

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

Signature: 
Printed Name: BARRY SZUMLANSKI Title: GP

Signature: 
Printed Name: JULIE SZUMLANSKI Title: GP

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer
If Directors or Officers have not been selected, an Incorporator must sign

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

All others:

Signature of an authorized person.

Fees:

Articles of Conversion	\$25.00
Fees for Florida Articles of Organization	\$125.00
Certified Copy	\$30.00 (Optional)
Certificate of Status	\$5.00 (Optional)

15 SEP 14 AM 10:00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Szumanski Investments LLC
(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

15 SEP 14 AM 10:00
ST. PETERSBURG, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

407 SE 17th Place
Cape Coral, FL 33990

Mailing Address:

407 SE 17th Place
Cape Coral, FL 33990

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Barry Szumanski
Name

407 SE 17th Place
Florida street address (P.O. Box **NOT** acceptable)

Cape Coral FL 33990
City Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

15 SEP 14 AM 10:00

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

BARRY SZUMLANSKI

407 SE 17TH PLACE

CAPE CORAL, FL 33990

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(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.)

BARRY SZUMLANSKI

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)