

L2000000385547

(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

K PAGE

MAR 23 2020



700337312937

02/24/20--01042--007 ++105.00

03/23/20--01002--003 ++20.00

FILED
2020 MAR 23 PM 5:02
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 11, 2020

SHEEBA KALI COLE
1810 N LAUDERDALE AVE STE 2110
N LAUDERDALE, FL 33068

SUBJECT: ESTATE LIFE PLAN INC
Ref. Number: W20000026166

We have received your document for ESTATE LIFE PLAN INC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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

You have submitted the document and fees to form a Florida corporation; however, your name implies you wish to form a limited liability company. The name of a corporation cannot contain a limited liability company suffix. Limited Liability Company, L.L.C. and LLC are all limited liability company suffixes. The name of a corporation must contain Corporation, Corp., Incorporated, Inc., Company or Co.

Please correct the suffix or, if you wish to form a limited liability company, submit "Articles of Organization" along with the additional fee(s). Any fees previously submitted with your corporate filing will be applied to your limited liability company filing.

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: 720A00005375

2020 MAR 20 AM 11:27

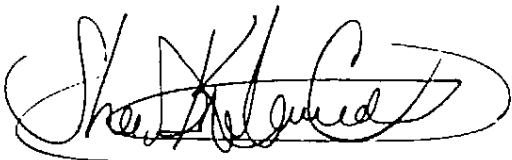
March 18, 2020

Attn Keyna E. Page:

In response to Letter number 720A00005375 I. Sheeba Kali Cole the Founder & President of ESTATE LIFE PLAN INC. have paid the required fee to "DISSOLVE" the Non-Profit with the intent to form ESTATE LIFE PLAN LLC as the same name but a different entity.

I originally began this process incorrectly and paid \$105.00 for the conversion but now have included the check to cover my \$20.00 balance for the correction to form the Limited Liability Corporation & included the receipt for the dissolution of the Non-Profit.

I can be reached at 954.778.6886 if you have any question or if I have unknowingly failed to include any required information. Thank you very much.

A handwritten signature in black ink, appearing to read 'Sheeba Kali Cole', enclosed within a large, loopy circular flourish.

Sheeba Kali Cole

954.778.6886

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ESTATE LIFE PLAN LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

SHEEBA KALI COLE
Name of Person

ESTATE LIFE PLAN LLC
Firm Company

1810 NORTH LAUDERDALE AVE SUITE 2110
Address

NORTH LAUDERDALE, FL 33068
City State and Zip Code

SheebaKaliCole@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sheeba Kali Cole at (954) 778-6886
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$20.00	<input checked="" type="checkbox"/> \$125.00 Filing Fee	<input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
(\$105.00 payment used as credit towards this fee)				

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

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ESTATE LIFE PLAN LLC

(Must contain the words "Limited Liability Company," "LLC," or "LLC")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1810 N. LAUDERDALE AVE
SUITE 2110
NORTH LAUDEDALE, FL 33068

1810 N. LAUDERDALE AVE
SUITE 2110
NORTH LAUDERDALE, FL 33068

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:

SHEEBA KALI COLE

Name

1810 N. LAUDERDALE AVE #2110

Florida street address (P.O. Box NOT acceptable)

N. LAUDERDALE FLORIDA 33068
City State 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)

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2020 MAR 23 PM 5:02
STATE OF FLORIDA
TALLAHASSEE, FL

ARTICLE IV:

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

SHEEBA KALI COLE

1810-N. LAUDERDALE AVE-SUITE 2110
NORTH LAUDERDALE, FL 33068

MGR

COLE REALTY LLC

1810-N. LAUDERDALE AVE-SUITE 2110
NORTH LAUDERDALE, FL 33068

AMBR

JOHN MASON COLE

1810-N. LAUDERDALE AVE-SUITE 2110
NORTH LAUDERDALE, FL 33068

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 03/16/2020 (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.)

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.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

SHEEBA KALI COLE

Typed or printed name of signer

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)

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CLERK OF THE
DEPARTMENT OF
STATE
TALLAHASSEE, FL

FILED