

L040000/5/81

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

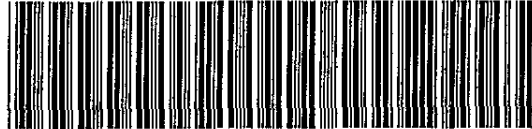
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2004 FEB 25 AM 8:43  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

W04-4855  
J. BRYAN FEB - 4 2004

J. BRYAN FEB 26 2004

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MY PERSONAL TOUCH, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DONALD T BORON  
(Name of Person)

MY PERSONAL TOUCH  
(Firm/Company)

255 2ND AVE S. #A1  
(Address)

NAPLES FLORIDA 34102  
(City/State and Zip Code)

For further information concerning this matter, please call:

DONALD T BORON at (239) 649 1529-H or 450 6978-C  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

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

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

February 4, 2004

DONALD T. BORON  
255 2ND AVE. S #A-1  
NAPLES, FL 34102

SUBJECT: MY PERSONAL TOUCH, LLC  
Ref. Number: W04000004855

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TALLAHASSEE, FLORIDA

We have received your document for MY PERSONAL TOUCH, LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form. Professional Limited Liability Companies are Doctor's, Lawyers, etc.,

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6043.

Joey Bryan  
Document Specialist

Letter Number: 004A00007527

## CERTIFICATE OF CONVERSION

Pursuant to section 608.439, Florida Statutes, the following unincorporated business entity hereby submits the attached articles of organization and this certificate of conversion to convert to a Florida limited liability company:

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 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

FIRST: The name of the unincorporated business immediately prior to filing this document was

MY PERSONAL TOUCH

SECOND: The date on which and the jurisdiction in which the unincorporated business was first created or otherwise came into being are:

- A. Date: 10-1-93
- B. Jurisdiction: COLLIER COUNTY
- C. If different from the above noted jurisdiction, the jurisdiction immediately prior to its conversion:

THIRD: The name of the limited liability company as set forth in the attached articles of organization is:

MY PERSONAL TOUCH, LLC

Donald T. Boron

Signature of a Member or an Authorized Representative of a Member  
 (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

DONALD T. BORON

Typed or Printed Name of Signee

### FILING FEES:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Filing Fee for Registered Agent Designation
- \$ 25.00 Filing Fee for Certificate of Conversion
- \$ 30.00 Certified Copy (optional)
- \$ 5.00 Certificate of Status (optional)

CK. # 858  
 ENCLOSED  
 185.

(Note: Section 608.439, F.S., does not provide for a corporation to convert to a limited liability company.)

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MY PERSONAL TOUCH, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

255 2ND AVE S. # A1

NAPLES FL.

34102

**Mailing Address:**

P.O. BOX 401

NAPLES FL.

34106

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

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

DONALD T BORON

Name

255 2ND AVE S. # A1

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

NAPLES

FLORIDA

34102

City, State, and 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 608, Florida Statutes..*

Donald T Boron

Registered Agent's Signature

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

DONALD T BORON  
255 2ND AVE S. #A1  
NAPLES FL 34102

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

Donald T Boron

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

DONALD T BORON

Typed or printed name of signee

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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