L00000046819

(Requestor's Name)				
(Address)				
(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



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SECRETARY OF STATE OF





COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: BOTTOM LINE BOOKKEEPING & TAX SERVICE, LLC

(Name of Resulting Florida Limited Company)

The enclosed Certificate 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. 608.439, F.S.

Please return all correspondence concerning this matter to:

R. A. COHEN			÷
(Co	ntact Person)		,
BOTTOM LINE B	OOKKEE	PING	•
(Fire	n/Company)		<i></i>
111 W. MAIN STI	REET		
	(Address)		•
INVERNESS, FL	34450		
(City, St	ate and Zip Code)		
For further information cor	ncerning this ma	atter, please call:	
BOB COHEN		at (352) 63	7-1122
(Name of Contact Person)		 \	aytime Telephone Number)
Enclosed is a check for the	following amo	unt:	
	55.00 Filing Fees Certificate of	\$180.00 Filing Fees and Certified Copy	\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS:		MAILING A	ADDRESS:
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
Clifton Building		P. O. Box 6327	
2661 Executive Center Circ	ele	Tallahassee,	FL 32314

<u>Certificate of Conversion</u> For

"Other Business Entity"

Into

Florida Limited Liability Company

This Certificate of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this				
Certificate of Conversion is: BOTTOM LINE BOOKKEEPING & TAX SERVICE, INC.	_• .			
(Enter Name of Other Business Entity)		_		
2. The "Other Business Entity" is a CORPORATION PHODOIS	307	7		
(Enter entity type. Example: corporation, limited partnership, sole proprietorsh general partnership, common law or business trust, etc.)	ip,			
first organized, formed or incorporated under the laws of FLORIDA	_			
(Enter state, or if a non-U.S. entity, the name of the country)				
on 2-7-94				
(Enter date "Other Business Entity" was first organized, formed or incorporated	屬	SEI SEI		
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:	APR 28	CRE CALL		
NOT APPLICABLE	·골	120		
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:	ယ္ သ	ATTE		
BOTTOM LINE BOOKKEEPING & TAX SERVICE, LLC	 .			
(Enter Name of Florida Limited Liability Company)				

Page 1 of 2



Signature of Authorized Person:

Printed Name: R. A. COHEN Title: MANAGING MEMBER

Fees:

Certificate of Conversion: \$25.00 Fees for Florida Articles of Organization: \$125.00

Certified Copy: \$30.00 (Optional)

Certificate of Status: \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BOTTOM LINE BOOKKEEPING & TAX SERVICE, LLC

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

ARTICLE II - Address:

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

Principal Office Ad	<u>dress:</u>	Mailing Address:		
111 W. MAIN STRI		111 W. MAIN STREET INVERNESS, FL 34450	 .	
Signature:	pany cannot serve as its own Re	red Office, & Registered Ager	nt's 2006 APR 2	SECRE
The name and the Fl	orida street address of th	ne registered agent are:	₹28	GARY FILE
	R. A. COHEN		PK	== SC - SC
	111 W. MAIN Š	TREET	3: 38	15 E
		O. Box NOT acceptable)	Œ	ž
	NVERNESS	FL 34450		
_	City, S	tate, 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, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:				
MGRM	R. A. COHEN 111 W. MAIN STREET INVERNESS, FL 34450				
MGRM	DIANE COHEN 111 W. MAIN STREET INVERNESS, FL 34450				
ARTICLE V: Effective date, if other than the dat	(Use attachment if necessary) e of filing: MAY 1, 2006				
(OPTIONAL) (If an effective date is listed, the date must be s business days prior to or 90 days after the date	specific and cannot be more than five of filing.)				
REQUIRED SIGNATURE: Signature of a member or an authorized representative of a members					
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjurb that the facts stated herein are true.)					
R. A. COHEN Typed or printed	name of signee				
Typed or printed	nume 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)