

L06000115491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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12/04/06--01008--022 **155.00

12/04/06--01008--023 **30.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

CHARLES F. WHEELER, P.A.

ATTORNEYS AT LAW

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Venice, Florida 34285

Charles F. Wheeler

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Fax: 941-484-4786

December 1, 2006

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

Via Federal Express

Attention: Agnes Lunt

Re: Regal Inn of Hampton Beach, LLC

Dear Ms. Lunt:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to your telephone conversation with Geoffrey Scimone yesterday, enclosed please find the following documents:

1. Cover Letter.
2. Certificate of Conversion.
3. Articles of Organization.
4. Check in the amount of \$155.00 representing payment of the filing fees and for a Certificate of Status.
5. Check in the amount of \$30.00 representing payment for a certified copy of the Certificate of Conversion and Articles.
6. A pre-paid return federal express envelope.

Once you have issued the Certificate of Status please fax a copy to us as soon as possible and return the original to us via federal express along with the certified copy of the Certificate of Conversion and Articles.

Thank you for your help in this matter. If you have any questions, please do not hesitate to contact us.

Very truly yours,

A handwritten signature in black ink, appearing to read "Charles F. Wheeler", followed by a horizontal flourish.

Charles F. Wheeler

CFW/tmw
Enclosures

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Regal Inn of Hampton Beach 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:

Geoffrey A. Scimone
(Contact Person)
Regal Inn of Hampton Beach LLC
(Firm/Company)
1725 Melody Lane
(Address)
NOKOMIS FL 34275
(City, State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Geoffrey A. Scimone at (941) 416 2753
(Name of Contact Person) (Area Code and 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

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

This Certificate 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.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

Regal Inn of Hampton Beach, LLC.
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a LLC.
(Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of NH
(Enter state, or if a non-U.S. entity, the name of the country)

on 1/5/2000.
(Enter date "Other Business Entity" was first organized, formed or incorporated)

3. If the jurisdiction of the "Other Business Entity" was changed, the state of country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:


Regal Inn of Hampton Beach LLC
(Enter Name of Florida Limited Liability Company)

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5. If not effective on the date of filing, enter the effective date: _____.
(The effective date: 1) cannot be prior to 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.)

Signed this 30th day of November 2006.

Signature of Authorized Person: 

Printed Name: Geoffrey A. Scimone Title: Mgr.

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)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Regal Inn of Hampton Beach 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 Address:

1725 Melody Lane
NOKOMIS FL 34275

Mailing Address:

1725 Melody Lane
NOKOMIS FL 34275

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:

Geoffrey A. Scimone
Name
1725 Melody Ln
Florida street address (P.O. Box **NOT** acceptable)
Nokomis FL 34275
City, State, and Zip

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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)

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

MGR

Name and Address:

Geoffrey A. Scimone
1725 Melody Lane
NOKOMIS FL 34275


(Use attachment if necessary)

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TALLAHASSEE, FLORIDA

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.)

REQUIRED SIGNATURE:


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.)

Geoffrey A. Scimone
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)