

607 0000 95986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

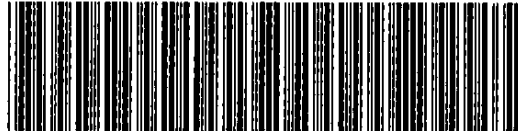
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/04/07--01044--006 **155.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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607-95986
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EXPIRATION DATE
10-1-07



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 5, 2007

CAROLYN SCHUMANN
601 NORTH MIRAMAR AVENUE #214
INDIANTLANTIC, FL 32903

SUBJECT: CAROLYN M. SCHUMANN, PA LLC
Ref. Number: W07000043738

We have received your document for CAROLYN M. SCHUMANN, PA LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The converting Florida entity must be active on our records.

The name of the entity cannot include "PA." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Organization, if any.

You must insert the letters "MGRM" in the block above the name and address of each managing member and/or the letters "MGR" in the block above the name and address of each manager listed.

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) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 307A00052878

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Carolyn M. Schumann

(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:

Carolyn M. Schumann

(Contact Person)

Carolyn M. Schumann, PA Inc.

(Firm/Company)

601 North Miramar Ave. #214

(Address)

Indiatlantic, FL 32903

(City, State and Zip Code)

For further information concerning this matter, please call:

Carolyn M. Schumann

(Name of Contact Person)

at (321) 729-9967

(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

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TALLAHASSEE, FLORIDA

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September 16, 2007

TO: Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FROM: Carolyn Schumann
601 N. Miramar Ave. #214
Indialantic, FL 32903

Subject: Carolyn M. Schumann, PA LLC
REF. Number: W07000043738

In reference to your letter dated September 5, 2007 I have made the changes necessary to complete the filing of my document papers.

My check was previously sent with the original filing. I am returning my document along with a copy of this letter within the 60 days time limit.

Thank you for your assistance.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

CAROLYN M. SCHUMANN, P.A. Inc. PO4-140848
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a CORPORATION.
(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 FL
(Enter state, or if a non-U.S. entity, the name of the country)

on 10/01/2004.
(Enter date "Other Business Entity" was first organized, formed or incorporated)

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:

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

CAROLYN M. SCHUMANN, LLC
(Enter Name of Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

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10-1-07

5. If not effective on the date of filing, enter the effective date: 10/01/2007.
(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 17 day of SEPTEMBER 20 07.

Signature of Authorized Person: Carolyn M. Schumann

Printed Name: Carolyn M. Schumann Title: Manager

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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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Carolyn M. Schumann, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

601 N. Miramar Ave.

Apt. 214

Indiatlantic, FL 32903

Mailing Address:

601 N. Miramar Ave.

Apt. 214

Indiatlantic, FL 32903

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:

Richard Schumann

^{Name}
601 N. Miramar Ave. Apt. 214

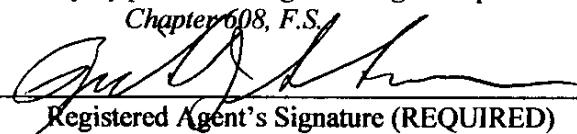
Florida street address (P.O. Box **NOT** acceptable)

Indiatlantic, FL

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, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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:

Manager

Carolyn M. Schumann

601 N. Miramar Ave. Apt. 214

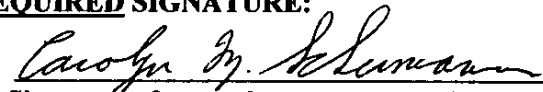
Indiatlantic, FL 32903

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10/01/2007
(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.)

Carolyn M. Schumann

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)

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STATE OF FLORIDA
TALLAHASSEE