# L07000113574

•
(Requestor's Name)
·
(Address)
(Address)
(City/State/Zip/Phone #)
(Only/State/21p/Findle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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SECRETARY OF STATE
TALL AHASSEE FINANCE

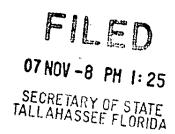


### **COVER LETTER**

TO: Registration Section

Division of Corporations	
SUBJECT: Harmony House (Name of Resulting Flor	Insulfing Tnc. rida Limited Company)
The enclosed Certificate of Conversion, Article convert an "Other Business Entity" into a "Flo accordance with s. 608.439, F.S.	
Please return all correspondence concerning th	is matter to:
Valerie Stec (Contact Person)  Hormony House Consult (Firm/Company)  865 91st Avenue  (Address)  Napleo   FL 34108 (City, State and Zip Code)	hing , LLC
For further information concerning this matter	<del>-</del>
Valerie Stec a	(239) 434-6596
(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, ad Certified Copy  Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P. O. Box 6327
Tallahassee, FL 32301	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: Harmony House Consulting, Inc
(Enter Name of Other Business Entity)
Certificate of Conversion is: Harmony House Convulting, Inc  (Enter Name of Other Business Entity)  2. The "Other Business Entity" is a For-Profil Corporation P07-6260 (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 Florida  (Enter state, or if a non-U.S. entity, the name of the country)
on <u>05/22/2007</u>
(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:
Florida, USA
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Hormony House Consulting, LLC (Enter Name of Florida Limited Liability Company)
(Enter Name of Florida Limited Liability Company)

5. If not effective on the date of filing, enter the ef (The effective date: 1) cannot be prior to nor m document is filed by the Florida Department of effective date listed in the attached Articles of O listed therein.)	State; <u>AND</u> 2) must be the same as the
Signed this 5 <sup>th</sup> day of November	20 07
Signature of Authorized Person: There F	1.Stec
Printed Name: Volcaie A. Stec Title	President
<u>Fees:</u>	
Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

Page 2 of 2

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

**ARTICLE I - Name:** 

The name of the Limited Liability Company	/ is:	
Harmony House Consultation (Must end with the words "Limited Liability Company," the "LLC.")	Hing IUC he abbreviation "L.L.C.," or the designs	ation .
ARTICLE II - Address: The mailing address and street address of th Liability Company is:	e principal office of the Limit	ted
Principal Office Address:	<b>Mailing Address:</b>	
965 91 <sup>St</sup> Avenue Naples, FL 34108		
ARTICLE III - Registered Agent, Registered Signature: (The Limited Liability Company cannot serve as its own Findividual or another business entity with an active Florida registration.)		
The name and the Florida street address of t	•	DV -8
<u>Valerie Stee</u>	<u>^</u>	
<u>865 915+</u> Florida street address (I Nap W	P.O. Box NOT acceptable)  FL 34108  State, and Zip	PH 1:25 OF STATE EFLORIDA

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: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 11/10/07 (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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

of this document constitutes an affirmation under the penalties of perjurg that the facts stated herein are true.)

Valerie Stee
Typed or printed name of signee

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)