08000036791

` (Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
. (Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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2008 APR 10 PM 1: 28
SECRETARY OF STATE
TAIL AHASSEE, FLORIDA

T. CLINE
APR 1 1 2008
EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 26, 2008

COLLEEN JONES P.O. BOX 953263 LAKE MARY, FL 32795-3263

SUBJECT: C. RAY ACCOUNTING, LLC

Ref. Number: W08000015668

We have received your document for C. RAY ACCOUNTING, 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):

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.

Please return your document, along with a copy of this letter, within 60 dayour filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 908A0001801名

COVER LETTER

TO:	Registration S Division of C						
SUBJ	ест: <u>С. Ra</u> y	/ Accounting, LLC (Name of Resulting		mpany)			6
conve		eate of Conversion, Ar isiness Entity" into a "08.439, F.S.				nitted to	
Please	e return all corre	espondence concerning	g this matter to:				
Collee	en R. Jones	(Carta A Parana)		i			
		(Contact Person)					
C. Ray	Accounting, Inc	. (Firm/Company)		•			
		(Path/Company)					23
P.O. B	3ox 953263	(4.12)		•		233	
		(Address)				至而	PR
Lake N	Mary, FL 32795-	3263				ASEA SEA	5
	((City, State and Zip Code)				333 70	-0
						770	I
For fu	rther information	on concerning this ma	tter, please call:			ORI	2006 APR 10 PM 1:28
Collee	n R. Jones		_at (_407) 474-	5330	27	η დ
001100	(Name of Conta	ct Person)		/	ytime Telephone Nu	mber)	
Enclo	sed is a check f	or the following amou	nt:				
(\$25 fo & \$125	0.00 Filing Fees or Conversion of for Articles anization)	\$155.00 Filing Fees and Certificate of Status	\$180.00 Filing and Certified Cop		☐\$185.00 Filing F Certified Copy, and Certificate of Statu	d	
Regist Divisi Clifto 2661	tration Section ion of Corporation ion Building Executive Centures FL 3236	ions er Circle	Registr Divisio P. O. B	ation S n of C ox 632	orporations		

April 8, 2008

Tammi Cline Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Subject: C. Ray Accounting, LLC Ref. Number: W08000015668

Dear Tammi:

Following please find copy of your letter along with "Certificate of Conversion" for "Other Business Entity" Into "Florida Limited Liability Company". Per our telephone conversation today I printed anther page 2 of 2 for the "Certificate of Conversion" and left the effective date blank for you to fill in. I also reprinted page 2 of 2 of "Articles of Organization for Florida Limited Liability Company" and left effective date blank on that page as well.

Please call if you have any questions. 407-474-5330

Thank you,

Colleen R. Jones

Presidend

P.O. Box 953263 Lake Mary, Florida 32795

Phone: 407-474-5330 E-Mail: CRayAccounting@cfl.rr.com

TED TED

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 infinediately prior to the fitting of this	
Certificate of Conversion is:	
C. Ray Accounting, Inc.	
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a Corporation	
(Enter entity type. Example: corporation, limited partnership, sole proprietorship,	2008
general partnership, common law or business trust, etc.)	DA APR I U
first organized, formed or incorporated under the laws of Florida	
(Ziner state) or it is not observed, the state of the state of	
on 07/18/2002	Š
(Enter date "Other Business Entity" was first organized, formed or incorpora	77 1. 20
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:	
C. Ray Accounting, LLC (Enter Name of Florida Limited Liability Company)	

SECRETARY OF STA	2008 APR 10 PM 1:	

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 4th day of April 20 08

Signature of Authorized Person:

Printed Name: Colleen R. Jones Title: President

Fees:

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

Certificate of Status: \$123.00 (Optional)
\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is	:
C. Ray Accounting, LLC (Must end with the words "Limited Liability Company," the a "LLC.")	bbreviation "L.L.C.," or the designation
ARTICLE II - Address: The mailing address and street address of the p Liability Company is:	rincipal office of the Limited
Principal Office Address:	Mailing Address:
230 Donegal Avenue Lake Mary, FL 32746	P. O. Box 953263 Lake Mary, FL 32795-3263
ARTICLE III - Registered Agent, Registere Signature: (The Limited Liability Company cannot serve as its own Registed individual or another business entity with an active Florida registration.) The name and the Florida street address of the Colleen R. Jones Name	registered agent are: REASSET ARY OF SELECTION OF SELECT
City, Sta	te, 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:

Lake Ma Eric D. Jo 230 Done Lake Mai	d Address:	
(Use attached Certificate of sted therein.) REQUIRED SIGNATURE: Signature of a member or an authorized rep (In accordance with section 608.408(3), Florid of this document constitutes an affirmation und that the facts stated herein ar Colleen R. Jones	gal Avenue	
Use atta E V: Effective date, if other than the date of filing active date: 1) cannot be prior to nor more that is filed by the Florida Department of State; Active date listed in the attached Certificate of sted therein.) REQUIRED SIGNATURE: Signature of a member or an authorized rep (In accordance with section 608.408(3), Florid of this document constitutes an affirmation und that the facts stated herein ar Colleen R. Jones	, FL 32746	
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	r the penalties of perju	on ury
Typed of printed name of s	THEE	_
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)