LD800039983

(Requestor's Name)
(Address)
(Address)
10:1-10:1-10:17:n10:1-n0 #\
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
– –
(Business Entity Name)
,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
L. SELLERS
APR 2 2 2008
EXAMINER
1 /

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04/18/08--01019--007 **150.00

SECRETARY OF STATE

COVER LETTER

TO: Registration Division of C			
SUBJECT:		ngels Sitting Servi Florida Limited Company	
	usiness Entity" into a "	ticles of Organization, 'Florida Limited Liabil	and fees are submitted to ity Company" in
Please return all corr	respondence concernin	g this matter to:	
Denise Huxtable			
	(Contact Person)		
Guarding Your Angel	ls Sitting Service		
	(Firm/Company)	· · · · · · · · · · · · · · · · · · ·	
1020 Lake Shore Dr.	#204		
	(Address)		
Lake Park, FL 3340	12		
	City, State and Zip Code)		
`			
For further informati	ion concerning this ma	tter, please call:	
Denise Huxtable		at (561) 762-	
(Name of Conta	act Person)	(Area Code and Da	nytime Telephone Number)
Enclosed is a check	for the following amou	int:	
\$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 ADDRES	SS:	MAILING A	ADDRESS:
Registration Section		Registration	
Division of Corporat		Division of C	
Clifton Building		P. O. Box 63	27
2661 Executive Cent		Tallahassee,	FL 32314

Certificate of Conversion 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: Guarding Your Angels Sitting Service Inc.
(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 ofFlorida
(Enter state, or if a non-U.S. entity, the name of the country)
on August 10, 2007
(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:
Guarding Your Angels Sitting Service L.L.C.
(Enter Name of Florida Limited Liability Company)

5. If not effective on the date of filing, enter the effective date: 1) cannot be prior to nor medocument is filed by the Florida Department of Seffective date listed in the attached Articles of Orlisted therein.)	ore than 90 days after the date this State; <u>AND</u> 2) must be the same as the
Signed this 11th day of April	20_08
Signature of Authorized Person:	Typhelle
Printed Name: Denise Huxtable Title:	Managing Member
Fees:	
Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na The name of the L	me: .imited Liability Con	npany is:	
	our Angels Sittir Is "Limited Liability Comp		ice L.L.C. breviation "L.L.C.," or the designation
ARTICLE II - Ac The mailing addre Liability Company	ss and street address	of the pr	incipal office of the Limited
Principal Office	Address:		Mailing Address:
1020 Lake Shore I Lake Park, FL 33			1020 Lake Shore Dr. #204 Lake Park, FL 33403
Signature: (The Limited Liability C individual or another business entity with an		own Regist	Office, & Registered Agent's ered Agent. You must designate an egistered agent are:
	Denise Huxtable		
	1020 Lake Shore D	Name r. #204	.
	Florida street addr	ess (P.O.	Box NOT acceptable)
	Lake Park,	77. 0.	FL 33403
	(rty, State	e, 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>Fitle:</u> 'MGR" = Manager 'MGRM" = Managing Member	Name and Address:
MGRM	Denise Huxtable
	1020 Lake Shore Drive #204
	Lake Park, FL 33403
	
	(Use attachment if necessary)
E V: Effective date, if other than the	date of filing: (OPTIONAL)
ective date: 1) cannot be prior to n nt is filed by the Florida Departme tive date listed in the attached C	•
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Page 2 of 2

\$ 5.00 Certificate of Status (Optional)

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