# 1080000 490 45

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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TALL WHASSEE ELOPING
SECRETARY OF STATE
OF THE STATE OF T

D. BRUCE

MAY 16 2008

**EXAMINER** 

## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Speech Connection, U.C. (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:
Time Porreca (Contact Person)
(Firm/Company)  16539 Lake Bryadoon Circle (Address)
Tample, FL 33618 (City, State and Zip Code)
For further information concerning this matter, please call:
Tinc Powers at (2) 631-2466 55 55 (Area Code and Daytime Telephone Namber) 3
Enclosed is a check for the following amount:
\$150.00 Filing Fees (\$25 for Conversion & Status \$180.00 Filing Fees and Certified Copy & 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 <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.

5. If not effective on the date of filing, enter 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 C listed therein.)	ore than 90 days after the d State; <u>AND</u> 2) must be the	same as the
Signed this 13th day of may	20 <u>/08/</u>	
Signature of Authorized Person:	Proces	_
Printed Name: Tina Porrera Title	: Owner	
•		
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)	OB M SECO TALLA

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

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Speech Connection (Must end with the words "Limited Liability Company," the abl	obreviation "L.L.C.," or the designation	
ARTICLE II - Address: The mailing address and street address of the price Liability Company is:	rincipal office of the Limited	
Principal Office Address:	Mailing Address:	
16539 Lake Brigadom Circle Tampa, FL 33618	16539 Lake Brigadoon Circle Pumpa, FC 33618	•
ARTICLE III - Registered Agent, Registered Signature: (The Limited Liability Company cannot serve as its own Regist individual or another business entity with an active Florida registration.)	stered Agent. You must designate an	
The name and the Florida street address of the re	registered agent are:	
Tina Porreca		ALCONOMICS OF THE PERSONS ASSESSMENT
Name  16539 Lake Br  Florida street address (P.O.)	Box NOT acceptable)	
Tumpa, City, State	FL 33618/ e, and Zip	
Having been named as registered agent and to	o accept service of process for the	

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 (REOUIRED)

(CONTINUED)

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Tima Porceca 16539 Leve Brigadom Circle Tampa FL 33648
4,7-4	
	(Use attachment if necessary)
RTICLE V: Effective date, if other than th	e date of filing:
	(OPTIONAL)
	nor more than 90 days after the date this ent of State; AND 2) must be the same as
e effective date listed in the attached (	<del></del>
	certificate of Conversion, if an effective
te is listed therein.)	certificate of Conversion, if an effective
te is listed therein.)  REQUIRED SIGNATURE:	certificate of Conversion, if an effective
	certificate of Conversion, if an effective
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:  Lina   Process  Signature of a member or an au	ithorized representative of a member.
Signature of a member or an au  (In accordance with section 608 of this document constitutes an a	
REQUIRED SIGNATURE:  Lina Porea  Signature of a member or an au  (In accordance with section 608 of this document constitutes an a that the facts s	Athorized representative of a member.  AUS (3), Florida Statutes, the execution affirmation under the penalties of perjury tated herein are true.)
REQUIRED SIGNATURE:  Lina Porea  Signature of a member or an au  (In accordance with section 608 of this document constitutes an a that the facts s	Athorized representative of a member. As a second of the s
REQUIRED SIGNATURE:  Lina Porea  Signature of a member or an au  (In accordance with section 608 of this document constitutes an a that the facts s	Athorized representative of a member.  ASS  AND  AND  AND  AND  AND  AND  AND

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)