L08000014194

| (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: |
| L. SELLERS |
| JUL - 92008 |
| Lyran EXAMINE ? |
| |

Office Use Only



300127315323

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ECKLINKY OF STATE

COVER LETTER

| TO: | Registration S Division of Co | | | |
|----------------------------------|---|--|---|---|
| SUBJ | ECT: GELLE | R SERVICES LL | | |
| | | (Name of Resulting | Florida Limited Company) | |
| conve | | siness Entity" into a " | ticles of Organization Florida Limited Liabili | and fees are submitted to ity Company" in |
| Please | e return all corre | espondence concerning | g this matter to: | |
| BILLIE | E J GELLER | | | |
| | | (Contact Person) | · · · · · · · · · · · · · · · · · · · | • |
| GELLI | ER SERVICES L | LC | | |
| | | (Firm/Company) | | |
| РОВ | OX 35 | | | |
| | | (Address) | | |
| FAST | LAKE WEIR FL | 32133 | | |
| = | | City, State and Zip Code) | | |
| For fu | urther information | on concerning this ma | tter, please call: | |
| BILLIE | GELLER | | at (352 ',) 288- | 0867 |
| | (Name of Conta | ct Person) | (Area Code and Da | ytime Telephone Number) |
| Enclo | sed is a check f | or the following amou | int: | |
| (\$25 fc & \$12 | 50.00 Filing Fees or Conversion 5 for Articles anization) | \$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 |
| Regis Divis Clifto 2661 | EET ADDRES stration Section ion of Corporat on Building Executive Cent | ions er Circle | MAILING A Registration S Division of C P. O. Box 63: Tallahassee, | Section Corporations 27 |



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 6, 2008

BILLIE J GELLER P O BOX 35 EAST LAKE WEIR, FL 32133

SUBJECT: GELLER SERVICES LLC

Ref. Number: W08000022531

We have received your document for GELLER SERVICES LLC and your check(s) totaling \$150.00. 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 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Letter Number: 908A00028828

Deborah Bruce Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 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 I imited 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: GELLER SERVICES INC POUDD128352 |
| (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 FLORIDA |
| (Enter state, or if a non-U.S. entity, the name of the country) |
| on 10/06/06 |
| (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: |
| GELLER SERVICES LLC . |
| (Enter Name of Florida Limited Liability Company) |

| 5. If not effective on the date of filing, enter the eff (The effective date: 1) cannot be prior to nor modocument is filed by the Florida Department of S effective date listed in the attached Articles of O listed therein.) | ore than 90 days after the date this state; <u>AND</u> 2) must be the same as the |
|---|---|
| Signed this 28 day of APRIL | 20_08 |
| Signature of Authorized Person: X Billie | Keller |
| Printed Name: BILLIE GELLER Title: | MGR |
| | |
| 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 - Name:

The name of the Limited Liability Company is:

GELLER SERVICES 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:

Mailing Address:

14879 SE 140THST

EAST LAKE WEIR FL 32133

P O BOX 35

EAST LAKE WEIR FL 32133

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:

BILLIE J GELLER

Name

14879 SE 140TH ST

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

EAST LAKE WEIR

FL 32133

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)

Page 1 of 2

8 JUL -8 AM 10: 3

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 "MGRM" = Managing Member | Name and Address: |
|--|--|
| MGR | BILLIE J GELLER 14879 SE 140TH ST EAST LAKE WEIR FL 32133 |
| | |
| | |
| | |
| | |
| | (Use attachment if necessary) |
| | |
| nent is filed by the Florida Departme fective date listed in the attached C | (OPTIONAL) nor more than 90 days after the date this ent of State; AND 2) must be the same as Certificate of Conversion, if an effective |
| ffective date: 1) cannot be prior to nent is filed by the Florida Departme | (OPTIONAL) nor more than 90 days after the date this ent of State; <u>AND</u> 2) must be the same as |
| ffective date: 1) cannot be prior to nent is filed by the Florida Departme fective date listed in the attached Calisted therein.) | (OPTIONAL) nor more than 90 days after the date this ent of State; <u>AND</u> 2) must be the same as |
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| ffective date: 1) cannot be prior to report is filed by the Florida Department fective date listed in the attached Consisted therein.) REQUIRED SIGNATURE: Signature of a member or an automorphism (In accordance with section 608, of this document constitutes an all sections for the section for the se | (OPTIONAL) nor more than 90 days after the date this ent of State; <u>AND</u> 2) must be the same as Certificate of Conversion, if an effective |
| ffective date: 1) cannot be prior to the filed by the Florida Department fective date listed in the attached Consisted therein.) REQUIRED SIGNATURE: Signature of a member or an author of this document constitutes an althat the facts stable. | (OPTIONAL) nor more than 90 days after the date this ent of State; AND 2) must be the same as Certificate of Conversion, if an effective athorized representative of a member. A08(3), Florida Statutes, the execution ffirmation under the penalties of perjury tated herein are true.) |
| ffective date: 1) cannot be prior to the filed by the Florida Department fective date listed in the attached Consisted therein.) REQUIRED SIGNATURE: Signature of a member or an author of this document constitutes an althat the facts stable. | (OPTIONAL) nor more than 90 days after the date this ent of State; AND 2) must be the same as Certificate of Conversion, if an effective atthorized representative of a member. A08(3), Florida Statutes, the execution ffirmation under the penalties of perjury tated herein are true.) |
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