

LO9000007498

(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:

Office Use Only



900140124899

01/12/09--01044--015 \*\*180.00

FILED  
09 JAN 22 PM 4:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES  
JAN 23 2009  
EXAMINER

S. HAWKES  
JAN 13 2009  
EXAMINER

W09-1725



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 13, 2009

MELODY R ADKINS  
15051 S TAMIAMI TRAIL SUITE 203  
FT MYERS, FL 33908

SUBJECT: HOLLOWAY INSURANCE & FINANCIAL GROUP, INC.  
Ref. Number: W09000001725

We have received your document for HOLLOWAY INSURANCE & FINANCIAL GROUP, INC. and your check(s) totaling \$180.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The document must be signed by a chairman, vice chairman, director, officer, or an incorporator, if directors or officers have not been selected.

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) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 809A00001251

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Hollaway Insurance & Financial Group, LLC **+**

(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:

Melody R. Adkins

(Contact Person)

Melody R. Adkins, P.A.

(Firm/Company)

15051 S. Tamiami Trail, Suite 203

(Address)

Ft. Myers, FL 33908

(City, State and Zip Code)

For further information concerning this matter, please call:

Melody R. Adkins

(Name of Contact Person)

at ( 239 ) 466.3688

(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  
and Certified Copy

☐ \$185.00 Filing Fees,  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 7, 2009

MELODY R ADKINS  
15051 S TAMIAMI TRAIL SUITE 203  
FT. MYERS, FL 33908

SUBJECT: HOLLAWAY INSURANCE & FINANCIAL GROUP, LLC  
Ref. Number: W09000000343

We have received your document for HOLLAWAY INSURANCE & FINANCIAL GROUP, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$150.00.

The document must be signed by a chairman, vice chairman, director, officer, or an incorporator, if directors or officers have not been selected.

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) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 309A00000323

**Certificate of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Limited Liability Company**

**FILED**  
09 JAN 22 PM 4:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

Hollaway Insurance & Financial Group, Inc.

341005

(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 11/5/1986

(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:

N/A

4. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

Hollaway Insurance & Financial Group, LLC

(Enter Name of Florida Limited Liability Company)

5. If not effective on the date of filing, enter the effective date: N/A

(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 23 day of December 20 08

**SIGN  
HERE**

**Signature of Member or Authorized Representative of Limited Liability Company:**

Signature of Member or Authorized Representative: Steven N. Hollaway

Printed Name: Steven N. Hollaway

Title: MGRM

**Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]**

Signature: Steven N. Hollaway

Printed Name: Steven N. Hollaway

Title: President/Secretary

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

**If Florida Corporation:**

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**All others:**

Signature of an authorized person.

**Fees:**

Certificate of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

SECRET  
FEB 11 2009  
FEB 11 2009  
FEB 11 2009

09 JAN 22 PM 4:08

FILED

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Hollaway Insurance & Financial Group, 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:

15051 S. Tamiami Trail, Suite 203  
Ft. Myers, FL 33908

### Mailing Address:

15051 S. Tamiami Trail, Suite 203  
Ft. Myers, FL 33908

## 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:

Steven N. Hollaway  
Name  
15051 S. Tamiami Trail, Suite 203  
Florida street address (P.O. Box **NOT** acceptable)  
Fort Myers FL 33908  
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.*

Steven N. Hollaway  
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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Steven N. Hollaway

15051 S. Tamiami Trail, Suite 203

FL Myers, FL 33908

(Use attachment if necessary)

**FILED**  
09 JAN 22 PM 4:08  
SECRETARY OF STATE  
TAMPA, FLORIDA

**ARTICLE V:** Effective date, if other than the date of filing: N/A

(OPTIONAL)

(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 Certificate of Conversion, if an effective date is listed therein.)

**REQUIRED SIGNATURE:**

Steven N. Hollaway  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Steven N. Hollaway

Typed or printed name of signee

**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)**