

L09000024857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

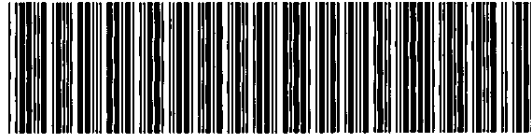
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900111274889

10/31/07--01020--003 **180.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

MAR 16 2009

EXAMINER

Joey Bryan
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

March 10, 2009

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Dear Mr. Bryan,

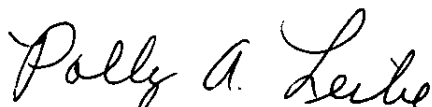
You will find enclosed the documentation you requested to unravel what transpired when applying to convert LeeAnn's Locker (a general partnership) to LeeAnn's Locker LLC. The memo on check number 521 is proof there was an application. You also have the application paperwork.

What happened to this paperwork when it arrived at your offices, I'm not sure. Twice, paperwork was returned to me because I didn't fill out a form correctly. I completed what you asked for and returned the forms promptly. Also your division asked for an additional fifty dollars for a filing fee. Finally, you sent back a letter dated April 3, 2008. It didn't dawn on me till later that this said nothing about an LLC.

As I see it, I paid out \$180 for filing fees which paid for the conversion, the articles of organization, and a certified copy, none of which was received by me. I also paid out another \$50 filing fee that was unnecessary.

Your helping me to get the desired results I'm seeking would gratefully be appreciated.

Sincerely,


Polly A. Leibe

P.S. Please note the spelling of LeeAnn's. There is no space between Lee and Ann.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LeAnn's Locker 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:

Polly A. Leibe
(Contact Person)
LeAnn's Locker LLC
(Firm/Company)
10549 Hetrick Cir. E.
(Address)
Largo, FL 33774
(City, State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Polly A. Leibe at (727) 596-4034
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization) | <input type="checkbox"/> \$155.00 Filing Fees
and Certificate of
Status | <input checked="" type="checkbox"/> \$180.00 Filing Fees
and Certified Copy | <input type="checkbox"/> \$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

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" immediately prior to the filing of this Certificate of Conversion is:

Lee Ann's Locker #GPD800000137
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a general partnership.
(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 Jan 1, 1995.
(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:

NA

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

Lee Ann's Locker LLC
(Enter Name of Florida Limited Liability Company)

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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 10 day of Oct. 2007.

Signature of Authorized Person: Polly A. Leibe

Printed Name: Polly A. Leibe Title: managing member

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)

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Lee Ann's Locker 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:

10549 Hetrick Cir. E.
Largo, FL 33774

Mailing Address:

10549 Hetrick Cir. E.
Largo, FL 33774

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:

Polly A. Leibe
Name
10549 Hetrick Cir. E.
Florida street address (P.O. Box **NOT** acceptable)
Largo FL 33774
City, State, and Zip

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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..

Polly A. Leibe
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Polly A Leibe
10549 Hetrick Cir. E.
Largo, FL 33774

MGRM

Donna S. Carey
24335 Greentree Lane
Eustis, FL 32736

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____

(OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Polly A Leibe
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.)

Polly A Leibe
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)

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