109000035362

(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



100146743281

03/26/09--01027--003 **43.75

100146743281 04/13/09--01005--008 **111.25

2009 APR IO PH 2: 02 LI
SECRETARY OF STATE TALLAHASSEE, FLORIDA

APR 1 3 2009

EXAMINER



April 2, 2009

STRATTON SMITH 609 WEST AZEELE STREET TAMPA, FL 33606-2205

SUBJECT: STRATTON SMITH, PLLC

Ref. Number: W09000015514

We have received your document for STRATTON SMITH, PLLC and check(s) totaling \$43.75 of which \$43.75 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$106.25 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

We are enclosing the proper form(s) with instructions for your convenience.

The specific purpose of the entity must be set forth in the document.

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) 245-6020.

Tammi Cline Regulatory Specialist II CRETARY OF S.
Letter Number: 109A00011162SEE, FL

COVER LETTER

TO: Registration Secondinian				
	RATTON Smi (Name of Florida Profit Cor	The P. C.	<u>}.</u>	
	e of Conversion and fee(s) are of Conversion and fee(s) are on "Other Business Entity" in			
Please return all corresp	ondence concerning this mat	ter to:		
STRATTO	N Sont The Contact Person)			
H. STRATT	Firm/Company)	EPA.		
1009 Wes	T AzeeLe E	<u>TR</u> eet		
TAMPA (City	CAORIDA 35, State and Zip Code)	<u>860</u> 60-2206	2009 APR SEGRETI TALLAHA	
For further information	concerning this matter, pleas	e call:	AFIA AFIA	***************************************
SUSAN S (Name of Contact	Person) at (Are	13) 25/- ea Code and Daytime Tele	-17	
Enclosed is a check for t	the following amount:		2: 02 STATE LORIDA	
<u></u>	_	fied Copy Certified	0 Filing Fee, d Copy, and ate of Status	
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	s !	MAILING ADDRES Registration Section Division of Corporation P. O. Box 6327 Tallahassee, FL 3231	ons	

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: STRATTON Smith PLLC (Name of Resulting Florida Limited Company)	
The enclosed Certificate of Conversion, Articles of Organization, and fees are submounted an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.	itted to
Please return all correspondence concerning this matter to:	
STRATTON Smith (Contact Person)	
STRATION LAW FIRM (Firm/Company)	
609 W Azeele STREET	,
TAMPA FL 33606-2005 (City, State and Zip Code)	
For further information concerning this matter, please call:	
Susary Smith at (813) 251-162 (Area Code and Daytime Telephone Num	hber)
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 Certified Copy and Certificate of Status \$\$185.00 Filing Fees and Certified Copy and Certificate of Status	
STREET ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327	SECRETARY TALLAHASSI

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

DAPRIO PH 2: 0

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: A. STRATTON SMI 2. The "Other Business Entity" is a PROFESSIONAL MSSOCIATION (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 _ _ \LORIDA (Enter state, or if a non-U.S. entity, the name of the country) on 11-25-1985 (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: (Enter Name of Florida Limited Liability Company)

5. If not effective on the date of filing, enter the effective date: (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 8th day of Opril	_20 <u>09</u> .	
Signature of Member or Authorized Representa	ative of Limited Liability Comp	oany:
Signature of Member or Authorized Representative Printed Name: STRATTON SMITH Signature(s) on behalf of Other Business Entity:	e: Shallo Smill	naging Mentra
		e(s).]
Signature: Anaton Smith Printed Name: STRAITON SMITH	President	•
Signature:Printed Name:	Title:	
Signature:Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In		
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:	
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.		
All others: Signature of an authorized person.		t. 2
Fees:		SECR A
Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	FILED 2009 APR 10 PM 2: 02 SEGRETARY OF STATE VALLAHASSEE.FLORIDA
55 A 0	•	9A 9A

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
(Must end with the words "Limited Liability Company," the abbruch.")	
ARTICLE II - Address: The mailing address and street address of the printing Liability Company is:	ncipal office of the Limited
Principal Office Address:	Mailing Address:
GO9 W. Azeele STREET TAMPA FL 33606	Same
ARTICLE III - Registered Agent, Registered Signature: (The Limited Liability Company cannot serve as its own Register individual or another business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
Florida street address (P.O. I	Box NOT acceptable)
Having been named as registered agent and to above stated limited liability company at the place hereby accept the appointment as registered capacity. I further agree to comply with the prothe proper and complete performance of my duaccept the obligations of my position as registered.	accept service of process for the ce designated in this certificated agent and agree to act in this consistency and I am familiar with and content agent as provided for in

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

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:		
MGRM	STRATTON SMIT 1009 W. Azeele Tampa FL 33	7 ST 606	
	· · · · · · · · · · · · · · · · · · ·		
		-	<u> </u>
	(Use attachment if necessary)		
ICLE V: Effective date, if other than the effective date: 1) cannot be prior to n	(OPTIONAL) or more than 90 days after the date		
effective date: 1) cannot be prior to no ment is filed by the Florida Departmen ffective date listed in the attached Co is listed therein.)	(OPTIONAL) or more than 90 days after the date nt of State; <u>AND</u> 2) must be the sam	ie as	
effective date: 1) cannot be prior to not ment is filed by the Florida Department ffective date listed in the attached Constituted therein.) REQUIRED SIGNATURE:	(OPTIONAL) or more than 90 days after the date nt of State; <u>AND</u> 2) must be the sam ertificate of Conversion, if an effe	ie as ctive	
effective date: 1) cannot be prior to noment is filed by the Florida Department ffective date listed in the attached Costs listed therein.) REQUIRED SIGNATURE: Signature of a member or an automatical street in the attached Costs listed therein.	(OPTIONAL) or more than 90 days after the date nt of State; <u>AND</u> 2) must be the sam ertificate of Conversion, if an effect	e as ctive	
effective date: 1) cannot be prior to ment is filed by the Florida Department ffective date listed in the attached Costs listed therein.) REQUIRED SIGNATURE: Signature of a member or an autof this document constitutes an affirm.	(OPTIONAL) or more than 90 days after the date nt of State; <u>AND</u> 2) must be the sam ertificate of Conversion, if an effe	e as ctive	***************************************
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effective date: 1) cannot be prior to ment is filed by the Florida Department ffective date listed in the attached Constitutes and automatical feeting of the facts of the fac	(OPTIONAL) or more than 90 days after the date nt of State; AND 2) must be the same ertificate of Conversion, if an effect chorized representative of a member 108(3), Florida Statutes, the execution irmation under the penalties of perfut ted herein are true.)	e as ctive 2009 APR 10 PM	
effective date: 1) cannot be prior to not ment is filed by the Florida Department ffective date listed in the attached Costs listed therein.) REQUIRED SIGNATURE: Signature of a member or an aut (In accordance with section 608.4 of this document constitutes an affithat the facts state of the facts of the	(OPTIONAL) or more than 90 days after the date int of State; AND 2) must be the same ertificate of Conversion, if an effect chorized representative of a member chorized repre	2009 APR 10	0 mm 1 mm