000063218

(Requestor's Name) (Address) (Address)	90015738637
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	06/22/0901028024
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	SEGRETAN SELECTION
and the state of t	12: 18 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1

Office Use Only

**185.00

S. HAWKES JUN 2 3 2009

EXAMINER

1100a-29816

AFFORDABLE INSURANCE SERVICES

152 E PLYMOUTH STREET DELAND FL 32724

PHONE: (386) 736-6901 FAX: (386) 738-6954 1-800-575-1885

June 30, 2009

Florida Department of State Division of Corporations

Attn: Suzanne Hawkes

Received reject of conversion of Affordable Insurance Services to Affordable Insurance Services of Central Florida LLC. We hereby authorize you file this as an LLC, which the fees are to be \$160.00. Please deduct this from the check that we sent for the conversion which was \$189.00 and please refund the balance to Affordable Insurance Ser ices.

Sincerely,

Thomas Ricci

SECTIVE DE STATE

09 JUN 30 AMIII: S



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 26, 2009

THOMAS A RICCI 152 E PLYMOUTH AVE DELAND, FL 32724

SUBJECT: AFFORDABLE INSURANCE SERVICES OF CENTRAL FLORIDA

LLC

Ref. Number: W09000029816

We have received your document for AFFORDABLE INSURANCE SERVICES OF CENTRAL FLORIDA LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law does not allow a sole proprietorship to file a conversion. A sole proprietorship is a business owned and operated by one individual. As a sole proprietor, the one individual owner is responsible for making all of the business decisions and all of the debts of the business are considered to be the debts of the one individual owner, as well. The sole proprietorship may or may not conduct business under the one individual owner s legal name. Because the business and the individual are considered as one organization and need each other to co-exist from a legal perspective, a sole proprietorship is not considered a business entity and cannot, therefore, file a conversion under Florida law.

If your sole proprietorship is actually owned and operated by two or more individuals and those individuals serve in the capacity of a partner, your business may not be a sole proprietorship. Your business may meet the definition of a partnership in accordance with Chapter 620, Florida Statutes. Chapter 620, Florida Statutes, allows a partnership to file a conversion. However, the partnership must first file a statement of registration in accordance with section 620.8105, Florida Statutes.

We are enclosing a statement of registration should your business entity meet the criteria of a partnership and you wish to proceed with the conversion. Please note the fee to register a partnership is \$50. To proceed with the conversion, please correct your conversion documents to reflect your current business entity is a partnership and resubmit the conversion documents along with the enclosed registration statement and an additional fee of \$50.

This office strongly suggests that you seek legal advice concerning this matter.

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: 809A00021936

COVER LETTER

TO: Registration Section **Division of Corporations** SUBJECT: Affordable Insurance Services of Central Florida 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: TTHOMAS A RICCI (Contact Person) AFFORDABLE INSURANCE SERVICES (Firm/Company) 152 E PLYMOUTH AVE (Address) DELAND FL 32724 (City, State and Zip Code) For further information concerning this matter, please call: THOMAS A RICCI) 736-6901 (Name of Contact Person) (Area Code and Daytime Telephone Number) Enclosed is a check for the following amount: ■ \$150.00 Filing Fees \$155.00 Filing Fees □\$180.00 Filing Fees **☑**\$185.00 Filing Fees, (\$25 for Conversion and Certificate of and Certified Copy Certified Copy, and & \$125 for Articles Status Certificate of Status of Organization) STREET ADDRESS: **MAILING ADDRESS:**

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Com	ipany is:
Affordable Insurance Service	
(Must end with the words "Limited Liability Compa "LLC.")	ny," the abbreviation "L.L.C.," or the designation
ARTICLE II - Address:	SE SE
The mailing address and street address	of the principal office of the Limited
Liability Company is:	
	26
Principal Office Address:	Mailing Address:
152 E PLYMOUTH AVE	152 E PLYMOUTH AVE
DELAND EL 32724	DELAND EL 32724

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.)

ARTICLE I - Name:

The name and the Florida street address of the registered agent are:

THOMAS A RICCI	
	Name
152 E PLYMOUTH	AVE
Florida street addre	ss (P.O. Box <u>NOT</u> acceptable)
DELAND	FL_32724
C	ity, 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

Title:	Name and Address:
"MGR" = Manager	50 to 1
"MGRM" = Managing Member	
MGR	THOMAS A RICCI
	152 E PLYMOUTH AVE
	DELAND FL 32724
MORM	WALLACE II TIII IDOTON
MGRM	WALLACE H THURSTON
	608 SAXON BLVD DELTONA FL 32725
	DELIGINA FE 32723
MGRM	JEAN C CLOPEIN
	634 MOUNTCLAIR AVE
	ORANGE CITY FL 32763
	(Use attachment if necessary)
LE V: Effective date, if other than the	e date of filing: AUGUST 1, 2009
·	(OPTIONAL)
nt is filed by the Florida Departm	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
11	
REQUIRED SIGNATURE:	
Min 11/2	uthorized representative of a member.

Filing Fees:

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

Typed or printed name of signee

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2