## L09000105367

(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



000162306090

10/30/09--01009--021 \*\*360.00



C. LEWIS

NOV 22009

EXAMINER

## **COVER LETTER**

TO: Registration S Division of C			
SUBJECT: Bossh	nardt Realty Servi (Name of Resulting	ces, LLC Florida Limited Company)	
	isiness Entity" into a "	rticles of Organization, 'Florida Limited Liabil	and fees are submitted tity Company" in
Please return all corre	espondence concernin	g this matter to:	
Langley Snyder			
	(Contact Person)		
BOVAY AND COOK, P			
	(Firm/Company)		
901 NW 57TH ST			
	(Address)		
GAINESVILLE, FL 326	605		
((	City, State and Zip Code)		
For further information	on concerning this ma	tter, please call:	
Langley Snyder		at ( 352 ) 331-	9092
(Name of Conta	ct Person)	(Area Code and Da	ytime Telephone Number)
Enclosed is a check f	or the following amou	int:	
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$155.00 Filing Fees and Certificate of Status	<b>☑</b> \$180.00 Filing Fees and Certified Copy	□\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS Registration Section Division of Corporat Clifton Building	ions	MAILING A Registration S Division of C P. O. Box 63	Section Corporations 27
2661 Executive Cent	er Circle	Tallahassee. 1	F1. 32314

Tallahassee, FL 32301

FILED

2009 OCT 30 PM 4: 16

## For "Other Business Entity" Into

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Florida Limited Liability Company

This Certificate of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.

	(Enter Name of Other Business Entity)
1 Tha "O	ther Business Entity" is a Corporation 3763759
z. The O	ther Business Entity" is a Corporation 5 (31/59 (Enter entity type. Example: corporation, limited partnership,
	general partnership, common law or business trust, etc.)
first organ	ized, formed or incorporated under the laws of FLORIDA
_	(Enter state, or if a non-U.S. entity, the name of the country)
on 3/25/19	87
on <u>3/25/19</u> (Enter o	87 date "Other Business Entity" was first organized, formed or incorporated)
(Enter of	
3. If the junder the lander the l	date "Other Business Entity" was first organized, formed or incorporated) urisdiction of the "Other Business Entity" was changed, the state or country
3. If the junder the land 4. The name of the land the lan	date "Other Business Entity" was first organized, formed or incorporated)  urisdiction of the "Other Business Entity" was changed, the state or country aws of which it is now organized, formed or incorporated:  me of the Florida Limited Liability Company as set forth in the attached forganization:
3. If the junder the land 4. The name of the land the lan	late "Other Business Entity" was first organized, formed or incorporated)  risdiction of the "Other Business Entity" was changed, the state or country aws of which it is now organized, formed or incorporated:  me of the Florida Limited Liability Company as set forth in the attached
3. If the juunder the land 4. The nar Articles o	date "Other Business Entity" was first organized, formed or incorporated)  arisdiction of the "Other Business Entity" was changed, the state or country aws of which it is now organized, formed or incorporated:  me of the Florida Limited Liability Company as set forth in the attached forganization:  Realty Services, LLC

Signed this 27 day of October	20_09
Signature of Member or Authorized Representa	tive of Limited Liability Company:
Signature of Member or Authorized Representative Printed Name: Carol Bosshardt	:: <u>Caroc Sussland</u> Title: <u>Managing Member</u>
Signature(s) on behalf of Other Business Entity: [	
Signature: lave Sosshardt	
Signature: Law Bosshardt  Printed Name: Carol Bosshardt	_ Title: CEO
•	
Signature:Printed Name:	Title:
Signature:Printed Name:	TM-
Printed Name:	
Signature:	
Signature: Printed Name:	_ Title:
Signatura	
Signature:Printed Name:	Title:
Signature:Printed Name:	M. J.
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of If Directors or Officers have not been selected, an Indiana.	
If Florida General Partnership or Limited Liability	ty Partnership:
Signature of one General Partner.	SSER
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	FT1( ) ( )
All others: Signature of an authorized person.	RITE
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:** 

Bosshardt F	Limited Liability Con Realty Services, I	LLC	•
(Must end with the wor "LLC.")	ds "Limited Liability Compa	any," the abbreviation "L.L.C.,	" or the designation
ARTICLE II - A			
The mailing addre Liability Compan		of the principal office	of the Limited
Principal Office	Address:	Mailing Ad	ldress:
5542 NW 43rd Stre	eet	same	
Gainesville, FL 326	553		
individual or another business entity with an	n active Florida registration.)	own Registered Agent. You m	SECRETAI TALLAHAS
	•	Name	SEX 5 III
	5532 NW 43rd Stre	<del></del>	
	Florida street addre	ess (P.O. Box NOT acc	ceptable)
	Gainesville	FL 32653	
	C	City, State, and Zip	
Uming boon no	umad as vacistavad ace	ent and to accept service	a of process for the

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

<u>Fitle:</u> MGR" = Manager MGRM" = Managi	ng Member	Name and Address:	SECRETARY OF TALLAHASSEE.F
			<del> </del>
		- · · · · · · · · · · · · · · · · · · ·	
		(Use attachment if nece	essary)
ective date: 1) can	not be prior to n	date of filing:(OPTION or more than 90 days aftent of State: AND 2) must l	r the date this
ective date: 1) can nt is filed by the Fi ctive date listed in	not be prior to no lorida Departmen	(OPTION	r the date this be the same as
ective date: 1) cannot is filed by the Flective date listed in isted therein.)  REQUIRED SIGN	not be prior to no lorida Department the attached Co	(OPTION or more than 90 days aftent of State; AND 2) must lertificate of Conversion,	r the date this be the same as
ective date: 1) can nt is filed by the Fl ctive date listed in isted therein.) REQUIRED SIGN	not be prior to no lorida Department the attached Control ATURE:	(OPTION or more than 90 days aftent of State; AND 2) must be ertificate of Conversion,	r the date this be the same as if an effective
ective date: 1) can nt is filed by the Fl ctive date listed in isted therein.) REQUIRED SIGN	not be prior to no lorida Department the attached Control ATURE:	(OPTION or more than 90 days aftent of State; AND 2) must lertificate of Conversion,	r the date this be the same as if an effective
ective date: 1) can nt is filed by the Flective date listed in isted therein.)  REQUIRED SIGN  Signature of a n	anot be prior to no lorida Department the attached Contact ATURE:  Lawe Sousanember or an automatic with section 608.4 to constitutes an aff	(OPTION or more than 90 days aftent of State; AND 2) must be ertificate of Conversion,	r the date this pe the same as if an effective  a member. execution
ective date: 1) can nt is filed by the Flective date listed in isted therein.)  REQUIRED SIGN  Signature of a n	anot be prior to no lorida Department the attached Continued Continued Continued Continued Constitutes an affithat the facts standardt	(OPTION or more than 90 days after that of State; AND 2) must be extificate of Conversion, which has been been also as a second of the conversion of the con	r the date this pe the same as if an effective  a member. execution
ective date: 1) can nt is filed by the Fletive date listed in isted therein.)  REQUIRED SIGN  Signature of a n  (In accordance of this document	anot be prior to no lorida Department the attached Continued Continued Continued Continued Constitutes an affithat the facts standardt	(OPTION or more than 90 days after that of State; AND 2) must be extificate of Conversion, horized representative of 08(3), Florida Statutes, the irmation under the penaltic	r the date this pe the same as if an effective  a member. execution
ective date: 1) can nt is filed by the Fletive date listed in isted therein.)  REQUIRED SIGN  Signature of a n  (In accordance of this document	anot be prior to no lorida Department the attached Continued Continued Continued Continued Constitutes an affithat the facts standardt	(OPTION or more than 90 days after that of State; AND 2) must be extificate of Conversion, which has been been also as a second of the conversion of the con	r the date this pe the same as if an effective  a member. execution
rective date: 1) can nt is filed by the Flective date listed in isted therein.)  REQUIRED SIGN  Signature of a maccordance of this document  Carol Bossha  Filing Fees:  \$125.00 Filing F	ATURE:  Lawe Sorsan aut with section 608.4 t constitutes an aff that the facts sta	(OPTION or more than 90 days after that of State; AND 2) must be extificate of Conversion, which has been been also as a second of the conversion of the con	r the date this pe the same as if an effective  a member. execution s of perjury
ective date: 1) can nt is filed by the Fletive date listed in isted therein.)  REQUIRED SIGN  Signature of a n  (In accordance of this document  Carol Bossha  Filing Fees:  \$125.00 Filing F  of Regi \$ 30.00 Certifie	ATURE:  Law Loss nember or an aut with section 608.4 t constitutes an aff that the facts sta	(OPTION or more than 90 days after that of State; AND 2) must be extificate of Conversion, horized representative of 08(3), Florida Statutes, the irmation under the penalties ted herein are true.)  ed name of signee  Organization and Design	r the date this pe the same as if an effective  a member. execution s of perjury