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Office Use Only



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COVER LETTER

TO: Registration S Division of C		•	
SUBJECT: B	(Name of Resulting	Lawn Ser Florida Limited Company	<u>`v1`@</u>
	isiness Entity" into a "		and fees are submitted tity Company" in
Please return all corre	espondence concerning	g this matter to:	
Carol	(Contact Person)	<u>e</u>	
	(Firm/Company)		
7989	NW 537d (Address)	way	
Cownes	wille FU?	32653	
(0	City, State and Zip Code)		
For further information	on concerning this mat	tter, please call:	
Card Gil	lespie	at (352) 3	39 - 6089 aytime Telephone Number)
(Name of Conta	ct Person)	(Area Code and Da	aytime Telephone Number)
Enclosed is a check f	or the following amou	nt:	
\$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	S:	MAILING A	ADDRESS:
Registration Section		Registration Section	
Division of Corporations		Division of C	•
Clifton Building 2661 Executive Center Circle		P. O. Box 63 Tallahassee,	
Tallahassee, FL 3230		~ management of	



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 23, 2009

CAROL GILLESPIE 7909 NW 53RD WAY GAINESVILLE, FL 32653

SUBJECT: BRUCE GILLESPIE LAWN SERVICE LLC

Ref. Number: W09000051465

We have received your document for BRUCE GILLESPIE LAWN SERVICE LLC and your check(s) totaling \$150.00. 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 effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Organization, if any.

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) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 709A00036266

Certificate of Conversion For "Other Business Entity" Into

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.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
Bruce Gillespic Lown Service
(Enter Name of Other Business Entity)
(Enter Name of Other Business Entity) 2. The "Other Business Entity" is a
first organized, formed or incorporated under the laws of Floribu (Enter state, or if a non-U.S. entity, the name of the country)
on .
(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:
Bruce Gillespie Lawn Service.
(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.)
Page 1 of 2

Signed this day of	
Signature of Member or Authorized Representa	ative of Limited Liability Company:
Signature of Member or Authorized Representative Printed Name: \(\(\lambda \) \(\la	e: Caro Mlespo Title: General partner
Signature(s) on behalf of Other Business Entity:	
Signature: Buce Sellospie Printed Name: Brise Gillecpie	Title: President
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	
Signature:	
Printed Name:	
It Planida Camanation	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an Inc	
If Florida General Partnership or Limited Liabili	tv Partnershin:
Signature of one General Partner.	ty I al theismp.
Ff Florida T imitad Dantasankin on T imitad T inkili	to Timitad Douber ambier
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
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)

Page 2 of 2

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC.")

The mailing address and street address of the principal office of the Limited

Mailing Address:

ARTICLE I - Name:

ARTICLE II - Address:

Principal Office Address:

Liability Company is:

The name of the Limited Liability Company is:

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:	ARTICLE III - Registered Agent, Registered Office, & Registered Agent's
The name and the Florida street address of the registered agent are: Red Red	Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another
Name 7999 Name 7999 Name 7999 Name 7999 Name 7999 Not acceptable) Sulves Ville FL 32658 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	business entity with an active riolida registration.)
Florida street address (P.O. Box NOT acceptable) 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	The name and the Florida street address of the registered agent are:
Florida street address (P.O. Box NOT acceptable) 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	Bruce Gillespie
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	7909 Name 53rd WAY
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	Florida street address (P.O. Box NOT acceptable)
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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:
mCR	Bruce Gillespie 7989 NW 53 rd WAY Coincsville F(32653
mbrm	Carol Cillespie 7909 pm 53 de vay Gainesville Fr 32653
	(Use attachment if necessary)
ent is filed by the Florida Depar	(OPTIONAL) to nor more than 90 days after the date this rtment of State; <u>AND</u> 2) must be the same as
Tective date: 1) cannot be prior ent is filed by the Florida Deparective date listed in the attached listed therein.)	(OPTIONAL) to nor more than 90 days after the date this
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