# 1 100000001647

•		
(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



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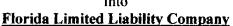
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S. HAWKES JUN 0 8 2010 EXAMINER

### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Lynn Gorm	an Communications, LLC
(Name of Kesu	iting Florida Litting Company)
	, Articles of Organization, and fees are submitted to a "Florida Limited Liability Company" in
Please return all correspondence concer	rning this matter to:
Lynn Gorman	
(Contact Person) Lynn Gorman	Communications, LLC
(Firm/Company)	
PO BOX 1781	
Dunnellon, FL	34430
(City, State and Zip Co	de)
14nn@gorcom	n.com
E-mail Address: (to be used for future annu	al report notifications)
For further information concerning this	matter, please call:
(Name of Contact Person)	at (860) 483-0444
(Name of Contact Person)	(Area Code and Daytime Telephone Number)
Enclosed is a check for the following an	mount:
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	D\$180.00 Filing Fees and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P. O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314

# For "Other Business Entity" Into





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: Communications, LLC		
(Enter Name of Other Business Entity)		
2. The "Other Business Entity" is a S-Corporation.		
(Enter entity type. Example: corporation, limited partnership,		
general partnership, common law or business trust, etc.)		
first organized, formed or incorporated under the laws of		
(Enter state, or if a non-U.S. entity, the name of the country)		
on 1/1/05		
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:		
Florida		
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)		
(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; <u>AND</u> 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 day of	20			
Signature of Member or Authorized Representative of Limited Liability Company:				
Signature of Member or Authorized Representative Printed Name: Lynn Gorman				
Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]				
Signature: Hotel Printed Name: Lynn Gorman	See below for required signature(s).			
Printed Name: Lynn Gorman	Title: Member 5			
Signature: Printed Name:	Title:			
Frinted Name:	_ Title:			
Signature:Printed Name:	Title			
Signature: Printed Name:	Tido			
Frinted Name:	1 tite:			
Signature:	77.4			
Printed Name:	title:			
Signature:				
Printed Name:	_ Title:			
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign.				
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.				
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.				
All others: Signature of an authorized person.				
Fees:				
Certificate of Conversion: Fees for Florida Articles of Organization: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)			

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Com	
Lynn Gorman Con (Must end with the words "Limited Liability Company	pany is:  nmunication S, LL  ny," the abbreviation "L.L.C.," or the designation
"LLC.")	· · · · · · · · · · · · · · · · · · ·
ARTICLE II - Address: The mailing address and street address of Liability Company is:	of the principal office of the Limited
Principal Office Address:	Mailing Address:
8760 SW 1904h Circle Dunnellon, FL 34432	P.O. Box 1781 Dunnellon, FL 34430
ARTICLE III - Registered Agent, Resignature: (The Limited Liability Company cannot serve as its condividual or another business entity with an active Florida registration.)	
The name and the Florida street address	of the registered agent are:
<u>Lynn G</u> 8760 S	Name W 190th Circle
Florida street addre	ss (P.O. Box <u>NOT</u> acceptable)
<u>Dunnellon</u> Ci	ty, State, and Zip
	nt and to accept service of process for the at the place designated in this certificate. I

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

## 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	Name and Address:
"MGRM" = Managing Member  MGRM	Lynn Gorman 3960 SW 1909 n Cir Dunnellon, FL 34432
1000 12 30 31	
	(Use attachment if necessary)
ARTICLE V: Effective date, if other than the (The effective date: 1) cannot be prior to no document is filed by the Florida Department the effective date listed in the attached Codate is listed therein.)	(OPTIONAL) or more than 90 days after the date this at of State; <u>AND</u> 2) must be the same as
REQUIRED SIGNATURE:  Signature of a member or an aut	horized representative of a member.
(In accordance with section 608.4 of this document constitutes an affithat the facts star	08(3), Florida Statutes, the execution rmation under the penalties of perjury ted herein are true.)
Lynn Gorman Typed or printe	ed 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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