83783

(Requestor's Name)			
(Address)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
P09-23222			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
A. LUNT			
AUG 1 0 2010			
EXAMINER			

Office Use Only



500184092635

08/09/10--01049--014 **155.00

COVER LETTER

TO: Registration	Section Corporations		
	•		
SUBJECT: SPRIN	G HILL NEWSLETTER LI	C g Florida Limited Company)
	(Name of Resulting	griorida Emined Company	,
	Business Entity" into a '		and fees are submitted to lity Company" in
Please return all co	rrespondence concernin	ig this matter to:	
Kim M. Stanfield			
	(Contact Person)		
The Hogan Law Firm,			
	(Firm/Company)		
20 So. Broad Street			
	(Address)		
Brooksville, Florida 34	601		
	(City, State and Zip Code)		
kstanfield@hoganlawfi	rm.com		
E-mail Address: (to	be used for future annual re	eport notifications)	
For further informa	tion concerning this ma	tter, please call:	
Kim M. Stanfield		_at (352) 799-8	3423
(Name of Con	tact Person)		aytime Telephone Number)
Enclosed is a check	for the following amou	int:	
☑ \$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 ADDRE	SS:	MAILING A	ADDRESS:
Registration Section		Registration Section	
Division of Corporations Clifton Building		Division of Corporations P. O. Box 6327	
2661 Executive Center Circle		Tallahassee, FL 32314	
Tallahassee, FL 32	301		

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 77
(Enter Name of Other Business Entity)	7 (m) 200 (100)
2. The "Other Business Entity" is a Corporation	<u>> = = = = = = = = = = = = = = = = = = =</u>
(Enter entity type. Example: corporation, limited partnership,	(1) A
general partnership, common law or business trust, etc.)	الانا ليدا
first organized, formed or incorporated under the laws of Florida	
(Enter state, or if a non-U.S. entity, the name of the country)	
on March 12, 2009 .	
(Enter date "Other Business Entity" was first organized, formed or incorp	porated)
3. If the jurisdiction of the "Other Business Entity" was changed, the state or counder the laws of which it is now organized, formed or incorporated:	mu y
NOT APPLICABLE	
4. The name of the Florida Limited Liability Company as set forth in the attache Articles of Organization:	ed
SPRING HILL NEWSLETTER LLC	
(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:	

-
www.co
NE ETHER

• • • • • • • • • • • • • • • • • • • •		
Signed this 30th day of July	20	
Signature of Member or Authorized Represent	ative of Limited Liabilit	y Company:
	11	4
Signature of Member or Authorized Representativ Printed Name: KATHRYN A. WATSON	re: Katta J. A. C. Title: CHIEF MANAGER	absist
Signature(s) on behalf of Other Business Entity:		signature(s).]
Signature: Katte La. Water		
Printed Name: KATHRYN A. WATSON	Title: PRESIDENT	
		end per
Signature:		
Signature: Printed Name:	Title:	3m 242
		_4-'
Signature:		ASS (
Signature:Printed Name:	Title:	<u> </u>
		-
Signature:		
Printed Name:	Title:	支
		TELET TOTAL
Signature:		Д Р
Printed Name:	Title:	
		
Signature:		
Printed Name:	Title	
Trined Ivanie.	Title.	
If Florida Corporation:		
Signature of Chairman, Vice Chairman, Director, or	Officer	
If Directors or Officers have not been selected, an In		
in Directors of Officers have not been selected, an in	corporator must sign.	
If Florida General Partnership or Limited Liabili	ty Partnarchin	
Signature of one General Partner.	ty Tarthership.	
Signature of one General Latiner.		
If Florida Limited Partnership or Limited Liabili	ty Limitad Partnarchine	
Signatures of ALL Conoral Portners		
Signatures of ALL General Farmers.		
All others:		
Signature of an authorized person.		
Signature of an authorized person.		
Fees:		
Cartificate of Conversion	ድጋፍ ለበ	
Certificate of Conversion:	\$25.00	
Fees for Florida Articles of Organization:	\$125.00	
Certified Copy:	\$30.00 (Optional)	
Certificate of Status:	\$5.00 (Optional)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SPRING HILL NEWSLETTER LLC

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

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

3475 DELTONA BLVD. SPRING HILL, FLORIDA 34606 3475 DELTONA BLVD.

SPRING HILL, FLORIDA 34606

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.)

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

THE HOGAN LAW FIRM, LLC

Name

20 SO. BROAD STREET

Florida street address (P.O. Box **NOT** acceptable)

BROOKSVILLE

FL 34601

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.

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 "MGRM" = Managing Member	Name and Address:
MGR	KATHRYN A. WATSON 3212 GREYNOLDS AVE. SPRING HILL, FLOIRDA 34608
······	
	ALCO AUC
ARTICLE V: Effective date, if other than the da	(OPTIONAL)
(The effective date: 1) cannot be prior to nor document is filed by the Florida Department the effective date listed in the attached Cer date is listed therein.)	of State; AND 2) must be the same as
REQUIRED SIGNATURE: Signature of a member or an author	orized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

KATHRYN A. WATSON

Typed or printed 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)

Page 2 of 2