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(R	equestor's Name)	
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(C	ity/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
	usiness Entity Nar	
d)	usiness Entity Nar	теј
(D	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATIONS

HO-345-45-

F. HAMPTON EXAMINER

COVER LETTER

Division of	Corporations		
	•	SCRIBE, LL	0
SUBJECT:	(Name of Resulting	Florida Limited Company)	
	Business Entity" into a "		and fees are submitted to ity Company" in
Please return all con	respondence concernin	g this matter to:	
GINA	(Contact Person)		
1 -	(Contact Person)	m 1111	
LN	(Firm/Company)	E, LLC	
	(Firm/Company)	, Lun	
/a8 N.	RIVER DRIV		
	(Address)		
ST. AUGU	STINE FL (City, State and Zip Code)	32095	
	(City, State and Zip Code)		
	tionz@mac		
	be used for future annual re		
A	tion concerning this ma	tter, please call:	
Gina	Torkos	at (904) 8	08-4790
(Name of Cor	tact Person)		ytime 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	ı	Registration :	Section
Division of Corpora	ations	Division of C	-
Clifton Building 2661 Executive Cer	ntor Cirolo	P. O. Box 633	
Tallahassee, FL 32		Tallahassee, 1	FL 32314
	-		



FAIRBANKS & McGILLIN, P.L.

ATTORNEYS AND COUNSELORS AT LAW

August 11, 2010

Registration Section
Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: Conversion of "Other Business Entity" (LLC) into a Florida LLC (Inner Scribe, LLC)

Gentlemen:

Enclosed are the following:

- 1. Check in the amount of \$185.00 of Gina Torkos for the filing fee, Certified Copy and Certificate of Status;
- Cover Letter;
- 3. Certificate of Conversion for "Other Business Entity" into Florida Limited Liability Company;
- 4. Copy of Certificate of Organization-Domestic Limited Liability Company for the "Other Business Entity", Your Inner Scribe LLC, and
- 5. Articles of Organization for Florida Limited Liability Company for Inner Scribe, LLC.

If you have any questions regarding this filing, please give me a call.

Very truly yours,

Randal C. Fairbanks

Phone: 904-687-1140

E-mail: rfairbanks@fmpllaw.com

Fax: 866-567-8270

RCF:jco Enclosures



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

10 AUG 26 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

August 16, 2010

GINA TORKOS 128 N RIVER DR ST AUGUSTINE, FL 32095

SUBJECT: INNER SCRIBE, LLC Ref. Number: W10000038545

We have received your document for INNER SCRIBE, 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):

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.

You must insert the letters "MGRM" in the block above the name and address of each managing member and/or the letters "MGR" in the block above the name and address of each manager listed.

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) 245-6855.

Tammy Hampton Regulatory Specialist II

Letter Number: 010A00019629

Certificate of Conversion For

"Other Business Entity"

Into

Florida Limited Liability Company

This Certificate of Conversion and attached Articles of Organization 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: \ YOUR INNER SCRIBE (Enter Name of Other Business Entity) (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.) first organized, formed or incorporated under the laws of PA (Enter state, or if a non-U.S. entity, the name of the country) (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:** INNER SCRIBE, LLC (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.) effective date: date of filing
Page 1 of 2

Signed this 88th day of July	2010		
Signature of Member or Authorized Representa			
Signature of Member or Authorized Representative Printed Name: GINA TORKOS	e: //www./rkv8 Title:///www.///anaser		
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s).]		
Signature: OMA TORKOS Printed Name: 6INA TORKOS	Title: MEMBER/MANAGER		
Signature:Printed Name:	Title:		
Signature:Printed Name:			
Signature:			
Printed Name: Signature:	•		
Signature: Printed Name:			
Signature: Printed Name:			
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In			
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:		
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:		
All others: . Signature of an authorized person.		<u> </u>	2
<u>Fees:</u>	\$25.00		TIVINION OF CORPORA
Certificate of Conversion: Fees for Florida Articles of Organization:	#175 AA	• :	ずっつお
Certified Copy: Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)		PORA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

ARTICLE I - Name:

ARTICLE II - Address:

"LLC.")

The name of the Limited Liability Company is:

Liability Company is:		
Principal Office Address:	Mailing Ad	dress:
128N. RIVER DRIVE	128 N	. RIVER DRIVE
5T. AUGUSTINE, F	ST. AU	16USTINE FL 32095
Signature: (The Limited Liability Company cannot individual or another business entity with an active Florida to The name and the Florida streeping	Agent, Registered Office, & Restriction.) The address of the registered agent	SECRETARY OF SORPO
 	City, State, and Zip	<u>ν</u>

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..

(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:			
	Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
	MGRM	LISA LABUE 709 GREEN GLEN D DUBOIS, PA 1580		VE_
	MGRM	GINA TORKOS 128 N. RIVER DR ST. AUGUSTINE, FL	320	95
		(Use attachment if necessary)		
		(Ose attacimient it necessary)		
(The e docum	CLE V: Effective date, if other than the date of the fective date: 1) cannot be prior to nor nent is filed by the Florida Department of fective date listed in the attached Certalisted therein.)	(OPTIONAL) more than 90 days after the date of State; <u>AND</u> 2) must be the sam	e as	
	REQUIRED SIGNATURE:			
	Dans Toked			
	Signature of a member or an autho	rized representative of a member	•	
	(In accordance with section 608.408 of this document constitutes an affirm that the facts stated	(3), Florida Statutes, the execution nation under the penalties of perjury		
	GINA TORKOS		5	SIAIC IS
	Typed or printed Filing Fees:	name of signee) AUG 26	SECRETÁRY: OF STATE VISION OF CORPORATIONS
				202 203 203 203 203 203 203 203 203 203
	\$125.00 Filing Fee for Articles of O of Registered Agent	rganization and Designation	8∯:IIH¥	F ST POR
	\$ 30.00 Certified Copy (Optional)		400	ATIO
	\$ 5.00 Certificate of Status (Option Page 2 of 2	•	-	SNS