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(Requestor's Name)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Dusiness Esth. Nema)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
L. SELLERS
SEP 1.8 2010

Office Use Only

EXAMINER



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SEGRETARY OF STATE



Financial Services for Florida, Inc. **Certified Public Accountants**



EXECUTIVE STAFF Kimberly A. Ford, CPA David S. Warman, CTA, EA

3 September 2010

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

Dear Madam or Sir.

We are submitting this application to convert our corporation, Financial Services for Florida, Inc. into a Florica Limited Liability Company pursuant to section 608.439(1) F.S. We will be using the same name, Financial Services for Florida, LLC.

This conversion has been approved by all interested parties within the corporation.

Please complete this conversion at the earliest possible time and notify me promptly if there are any requirements other than the completion of these documents and payment of \$150.00 in filing fees plus a \$5.00 Certificate of Status fee which you will find enclosed. I may be reached at our Saint Petersburg office. The contact information is below.

Thank you for your prompt attention to this matter.

Sincererly

David S. Warman, CTA, EA President, FS4FL, Inc.

3346 49th Street North, Suite 101, St. Petersburg, FL 33710-2146 a 40 North Crite D. 7 Dalan Horbor El 24692 4020

Office: (727) 323-5333 Fax: (727) 321-1763

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: FINANCIAL SEMISS FOR FROM LICE (Name of Resulting Florida Limited Company)
The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.
Please return all correspondence concerning this matter to:
FUANCIAL SEQUES FOR FROM DA INC
SUL (Firm/Company) SULTE 10
AUT State and Zip Code) (City, State and Zip Code)
E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call: (MID S. (MD) Mat (727) 23-5333
(Name of Contact Person) (Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount:
\$150.00 Filing Fees \$155.00 Filing Fees and Certified Copy \$180.00 Filing Fees and Certified Copy and Certificate of Status \$125 for Articles Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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:
TUANCIAL SERVICES FER FROM IDA SEC.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(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 120,209
(Enter date "Other Business Entity" was first organized, formed or incorporated)
(minutation of the parties parties, was more digulated, for most perties)
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:
FLORIA
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
FUAUCHE SERVICES FOR FLORIDA, LIC
(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 3/ day of 1005			
Signature of Member or Authorized Representative of Limited Liability Company:			
Signature of Member or Authorized Representative: MMDM UT STITLE Printed Name: Title: MAMGUE MEMBER			
Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]			
Signature: Printed Name:	men faculant		
Cionntura			
Printed Name:	_ Title:		
Signature:			
Signature:Printed Name:	_ Title:		
Signature:Printed Name:			
Printed Name:	_ Title:		
Signature: Printed Name:			
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 <u>ALL</u> General Partners.			
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)		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
FULLING CONTRA - FEEDER 1110
(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: Mailing Address: Mailing Address: Mailing Address: Mailing Address: Mailing Address:
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: Manual Street address of the registered agent are: Name State St
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 60% F.S. Registered Agent's Signature (REQUIRED)
(CONTINUED) SE

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 Mcliff Majoria	MID S. [APPA], CTA 3346, 49 m. T. D. #101 51. FE 13 BBURG, FE 33 710 LIMBERY A FORD, CPA 560 AGE, 19, SUITE B. 7 PHIN THE BOY FE 3453-1926
ADTICLE V. Effective data if other than	(Use attachment if necessary)
document is filed by the Florida Departithe effective date listed in the attached date is listed therein. REQUIRED SIGNATURE:	(OPTIONAL) o nor more than 90 days after the date this ment of State; AND 2) must be the same as Certificate of Conversion, if an effective authorized representative of a member.
of this document constitutes an that the facts	18.408(3), Florida Statutes, the execution affirmation under the penalties of perjury stated herein are true.) The stated have 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