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(Requestor's Name)
(Address)
· (Address)
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



700184824907

09/07/10--01043--022 **30.00

09/22/10--01003--010 **120.00

T. HAMPTON

SEP 2 2 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Sherri LYNN Mills PLLC					
(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 at correspondence concerning this matter to:					
Sherri Lynn Mills (Contact Person)					
(Contact Person)					
3708 Flores Ave					
SARASOTA FI 34239					
SHERRIMILLS a COMCOST NET					
E-mail Address: (to be used for future annual report notifications)					
For further information concerning this matter, please call:					
Sherri L Mills at (941) 3507112					
(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 \$180.00 Filing Fees \$185.00 Filing Fees, \$185.00 Fili					
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Ft. 32301 MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, Ft. 32314					



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

10 SEP 21 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

September 8, 2010

SHERRI LYNN MILLS 3708 FLORES AVE SARASOTA, FL 34239

SUBJECT: SHERRI LYNN MILLS PLLC

Ref. Number: W10000042314

We have received your document for SHERRI LYNN MILLS PLLC and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$120.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The specific purpose of the entity must be set forth in the document.

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: 810A00021410

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: Sherri Lynn Mills Po Ac
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a 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 Floric/A
(Enter state, or if a non-U.S. entity, the name of the country)
on MASCH 2 2006
(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:
Sherri Lynn Milk PLLC.
(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.)

Signed this 3/11 day of AUGUCT	_20 \ O .		
Signature of Member or Authorized Representa	ative of Limited Liability Compa	ny:	
Signature of Member or Authorized Representative Printed Name: Sylvan Manager 1997	re: Mulb Title: President/	<u>M</u> 6	R
$\underline{\textbf{Signature(s)}} \underbrace{\textbf{on behalf of Other Business Entity:}}_{r}$	[See below for required signature	(s).]	
Signature: Sherri Lynn Mi Printed Name: Sherri Lynn Milk	Title: The Vesident	-	
Signature:		···········	
Printed Name:	Title:		
Signature			
Signature: Printed Name:	Title:		
Signature:	Title	—	
Printed Name:			
Signature:			
Printed Name: `	Title:		
Signature:			
Printed Name:	Title:		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	Officer. corporator must sign.		
If Florida General Partnership or Limited Liability F Signature of one General Partner.	<u>Partnership:</u>		
If Florida Limited Partnership or Limited Liability I Signatures of ALL General Partners.	imited Partnership:		
All others:			<u> </u>
Signature of an authorized person.		_	NSE 3S
Fees:		0 SEP 2	CRETAT
Certificate of Conversion:	\$25.00		
Fees for Florida Articles of Organization:		AM 10: 42	· 구구 ·
Certified Copy:	\$30.00 (Optional)	Ö	NA AI
Certifiqate of Status:	\$5.00 (Optional)	5	TIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICI,E I - Name:
The name of the Limited Liability Company is:
Sherri Lynn Mills PLLC
(Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC.")
ARTICI,E II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
3708 Flores Ave 3708 Flores Ave SARASOTA FL 3423
SARASOTA FLZUZZO CARASOTA FI 3423
ARTICI E 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 of another
business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Cherri Lynn Mills
3708 Frame Ave
Florida street address (P.O. Box NOT acceptable)
C A (AC DA 211021)
SA(ASJA FL 34239
City, State, and Zip
Havinz 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
herzby 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
Z MXL
Registered Agent's Signature (REQUIRED)
Registered Agent's Signature (REQUIRED)
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(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) **ARTICLE V** Effective date, if other than the date of filing: Article VII Purpose. This entity is organized for the purpose of conducting services and business in the State of Florida associated with a real estate agent. REQUIRED SIGNATURE:

Signature of a member or an authorized 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.)

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