

L10000116525

(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:

W10000046507

Office Use Only



900185374999

10/04/10--01048--018 **150.00

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10 OCT -4 PM 5:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

NOV 9 2010

EXAMINER

EFFECTIVE DATE 10/09/10



HARE TAYLOR, LLC

Certified Public Accountants - Consultants

Member American Institute of Certified Public Accountants
Member Florida Institute of Certified Public Accountants
Member Alabama Society of Certified Public Accountants

November 3, 2010

Ms. Deborah Bruce
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: OURTIME, LLC
W10000046507

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TALLAHASSEE, FLORIDA

Ms. Bruce:

We have reviewed your correspondence dated October 5, 2010 which is enclosed herewith. In accordance with your instructions therein, we have modified the name of the LLC to "OURTIME RESEARCH, LLC and submit herewith the corrected documents for your continued processing.

If you have any questions, or if I can be of further assistance, please do not hesitate to contact me.

Respectfully,

G. Chuck Taylor, CPA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 5, 2010

G. CHUCK TAYLOR
2589 JENKS AVE.
PANAMA CITY, FL 32405

SUBJECT: OURTIME, LLC
Ref. Number: W10000046507

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for OURTIME, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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.

Sections 607.1113, 608.4403, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by a member or an authorized representative of a member. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 510A00023547

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OURTIME, LLC

(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:

G. CHUCK TAYLOR

(Contact Person)

HARE TAYLOR, LLC

(Firm/Company)

2589 JENKS AVE.

(Address)

PANAMA CITY, FL 32405

(City, State and Zip Code)

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

G. CHUCK TAYLOR, CPA

at (850)

763-9635

(Name of Contact Person)

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$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 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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:
OURTIME, LLC

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a limited liability company
(Enter entity type. Example: corporation, limited partnership,
general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of Kentucky
(Enter state, or if a non-U.S. entity, the name of the country)

on 10/05/09
(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**:

~~OURTIME, LLC~~ OURTIME RESEARCH, LLC
(Enter Name of Florida Limited Liability Company)

5. If not effective on the date of filing, enter the effective date: 10/9/10
(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 10/09/10

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CLERK OF STATE
TALLAHASSEE, FLORIDA

Signed this 27 day of Sept 2010.

Signature of Member or Authorized Representative of Limited Liability Company:

Signature of Member or Authorized Representative: William L. Paul
Printed Name: WILLIAM L. PAUL M.D. Title: MANAGING MEMBER

Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: William L. Paul
Printed Name: WILLIAM L. PAUL M.D. Title: MANAGING MEMBER

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
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:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

~~OURTIME LLC~~ OURTIME RESEARCH, 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:

1404 Connecticut Ave.
Lynn Haven, FL 32444

Mailing Address:

1404 Connecticut Ave.
Lynn Haven, FL 32444

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:

Davin Paul
Name
1404 Connecticut Ave.
Florida street address (P.O. Box NOT acceptable)
Lynn Haven FL 32444
City, State, and Zip

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TALLAHASSEE, FLORIDA

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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)

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

Rebecca Paul Living Trust

Po Box 705

Crofton, Ky 42217

Devin Paul

1404 Connecticut Avenue

Lynn Haven, FL 32444

Wendy Paul

PO Box 705

Crofton, KY 42217

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10/9/10

(OPTIONAL)

(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 Certificate of Conversion, if an effective date is listed therein.)

REQUIRED SIGNATURE:

William L. Paul

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.)

William L. Paul, m.d.

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)

10 OCT -4 PM 5:00
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

FILED