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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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D. BRUCE

NOV. 16 2010

EXAMINER

COVER LETTER

Division of Corporations		
SUBJECT: Law Office of Matthew D. Uhle, LLC		
(Name of Resulting Florida Limited Company)		
The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to co "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608 Please return all correspondence concerning this matter to:		
Matthew D. Uhle		
(Contact Person)		
Law Office of Matthew D. Uhle, P.A.		
(Firm/Company)		
1617 Hendry St. Suite 411	1 0	
(Address)	S	-
Fort Myers, FL 33901	0 NOV 15	
(City, State and Zip Code)	2	
matthewuhle@aol.com		Ö
E-mail address: (to be used for future annual report notifications)	2	-
For further information concerning this matter, please call:	W .1	
Matthew D. Uhle at (239) 226-4500		
(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 Certified Copy, and Certificate of Status		
STREET ADDRESS: MAILING ADDRESS:		
Registration Section Registration Section		
Division of Corporations Division of Corporations		
Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314		

Tallahassee, FL 32301

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:
Law Office of Matthew D. Uhle, P.A.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Professional Association \$\int(1000075395)\$
(Enter entity type. Example: corporation, limited partnership,
general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of Florida
first organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the name of the country)
Signal Control of the
on September 14, 2010
temer date "Other Dusiness entity" was first dryanized. Torried 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:
N/A
· · · · · · · · · · · · · · · · · · ·
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Law Office of Matthew D. Uhle, 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; <u>AND</u> 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)
6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting the conversion

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is

currently organized, formed or incorporated.

Signed this stn , qay of November	20 <u>10</u> .			
Individual signing affirms that the facts sta	oresentative of Limited Liability Companated in this document are true. Any false in			
constitutes a third degree felony as provide	•			
Signature of Member or Authorized Representation Name: Matthew D. Uhle	esentative: Mattle & Like			
Traited Ivame. Matalow B. Omo	Title: Mellipe			
this document are true. Any false informats.817.155, F.S. [See below for required sign	•	vided for in		
Signature: Walle & W	Le .			
Signature: Walle 2 21 Printed Name: Matthew D. Uhle	Title: President			
Signature: Printed Name:	Title			
Timed Name.	Title.			
Signature:Printed Name:				
Printed Name:	Title:	_		
Signature:				
Signature:Printed Name:	Title:	<u> </u>		
S:				
Signature:Printed Name:	Title:			
Signature:Printed Name:		— 51		
Printed Name:	Title:			
If Florida Corporation:		NOV 15		
Signature of Chairman, Vice Chairman, Direct		SSE SSE SSE		
If Directors or Officers have not been selected	d, an Incorporator must sign.	THE THE		
If Florida General Partnership or Limited	Lighility Partnership:	FO PAR F		
Signature of one General Partner.	English A arthoroup	DATE ORID		
If Florida Limited Partnership or Limited Signatures of ALL General Partners.	Liability Limited Partnership:			
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)			
	Page 2 of 2			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

, , ,			
Law Office of Matthew D. Uhle, I (Must end with the words "Limited Liability Company, the ab	· · · · · · · · · · · · · · · · · · ·		
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Comp	any is:	
Principal Office Address:	Mailing Address:		
1617 Hendry St., Suite 411	1617 Hendry St., Suite 411		
Fort Myers, FL 33901	Fort Myers, FL 33901		
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Region business entity with an active Florida registration.) The name and the Florida street address of the	stered Agent. You must designate an individual or another	10 NOV 15	***************************************
Matthew D. Uhle	99	्रं ज	F
	Name	G. 10	m
1617 Hendry St. S	Suite 411	S	
	s (P.O. Box NOT acceptable)	1 1 26 SIME	
Fort Myers	FL 33901		
City	y, 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

Title:	Name and Address:	
"MGR" = Manager "MGRM" = Managing M	ember	
MGRM	Matthew D. Uhle	
	1617 Hendry St. Suite 411 Fort Myers, FL 33901	
	Tortwiyers, I L 33301	
		
	₽ _C →	
		and livering
	AND INC.	1 1
	113-0	-
•		
Use attachment if necessa	ry)	
CLEV: Effective date if	other than the date of filing:	
ICLE V: Effective date, if	other than the date of filing: (OPTIONAL) a prior to nor more than 90 days after the date this document is filed	l bv
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