# 611000137385

| (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: |
| A. LUNT                                 |
| DEC - 6 2011                            |
| EXAMINER                                |



200214855502

12/05/11--01039--008 \*\*185.00



Office Use Only

# COVER LETTER

| TO: Registration Section Division of Corporations  |  |
|--|--|
| SUBJECT: ThinkBold Corporate Communicat  |  |
| (Name of Resulting Florida Limite  | ed Company)  |
| The enclosed Certificate of Conversion, Articles of Organizati "Other Business Entity" into a "Florida Limited Liability Com   |  |
| Please return all correspondence concerning this matter to:  |  |
|  |  |
| Dagmar Berendes  |  |
| (Contact Person)   |  |
| ThinkBold Corporate Communications, LLC  | <b>7</b> 2   |
| (Firm/Company)   | S R T  |
| 4574 SE Graham Drive   | Zill DEC -5 SECRETARY TALLAHASS  |
| (Address)  | The same of the sa |
| Stuart, FL 34997   | DEC -5 RM 4: 24 AHASSEE, FLORID  |
| (City, State and Zip Code)   | ON TO  |
| dagmar@thinkbold.com   | क्रिक  |
| E-mail address: (to be used for future annual report notifications)  |  |
| For further information concerning this matter, please call:   |  |
| Dagmar Berendes at ( 408 )   | 379-2344   |
|  | d 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: MAILING  | G ADDRESS:   |

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

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 <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 Certi   | ficate o         | f          |       |
|--|------------------|------------|-------|
| Conversion is: ThinkBold Corporate Communications, LLC.  |                  |            |       |
| (Enter Name of Other Business Entity)  | 14 SE            | 20111      |       |
| 2. The "Other Business Entity" is a <u>Limited Liability Company</u> (Enter entity type. Example: corporation, limited partnership,  | RETARY<br>AHASSE | DEC -5     |       |
| general partnership, common law or business trust, etc.)   |                  | E C        |       |
| first organized, formed or incorporated under the laws of California   |                  | <u> </u>   |       |
| (Enter state, or if a non-U.S. entity, the name of the country)  | ġH.              | 150        |       |
| on <u>January 14, 2008</u> . (Enter date "Other Business Entity" was first organized, formed or incorp   | poratec          | <b>1</b> ) |       |
| 3. If the jurisdiction of the "Other Business Entity" was changed, the state or country unwhich it is now organized, formed or incorporated:   | nder the         | : laws     | of    |
| California   | .•               |            |       |
| 4. The name of the Florida Limited Liability Company as set forth in the attached ArtiOrganization:  | cles of          |            |       |
| ThinkBold Corporate Communications, 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 filed by the Florida Department of State; <u>AND</u> 2) must be the same as the effective 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 ent conversion complies with such law(s) and the requirements of s.608.439, F.S., in effective  | •                |            | sion. |

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 30th day of November 2011. Signature of Member or Authorized Representative of Limited Liability Company: Individual signing affirms that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.\$17.155, F.S. Signature of Member or Authorized Representative: Printed Name: Dagmar Berendes Signature(s) on behalf of Other Business Entity: Individual(s) signing affirm(s) that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S. | See below for required signature(s). Signature: Printed Name: Dagmar Berendes Title: Managing Member Printed Name: \_\_\_\_\_ Title: Signature: \_\_\_ Printed Name: \_\_\_\_\_ Title: \_\_\_\_ Printed Name: Title: Signature: \_\_\_\_\_ 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

\$30.00 (Optional)

\$5.00 (Optional)
Page 2 of 2

Certified Copy:

Certificate of Status:

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

| ThinkBold Corpora (Must end with the words "Limited Liab | te Communications, LLC.  bility Company, the abbreviation "L.L.C" or the designation "LLC.")   |                     |
|--|--|---------------------|
| ARTICLE II - Address:<br>The mailing address and street  | t address of the principal office of the Limited Liabilit  | y Company is:       |
| Principal Office Address:                                | Mailing Address:   |                     |
| 4574 SE Graham Drive<br>Stuart, FL 34997                 | 4574 SE Graham Drive<br>Stuart, FL 34997   |                     |
|  | Agent, Registered Office, & Registered Agent's Sign serve as its own Registered Agent. You must designate an individual or egistration.) |                     |
| The name and the Florida stree                           | et address of the registered agent are:  | ZĐÍ  DEC<br>SECRE V |
| Dag  | amar Berendes  | 7 M 45              |
|  | Name   | SSS on F            |
| <u>457</u>   | 74 SE Graham Drive   |                     |
| Flor   | ida street address (P.O. Box <u>NOT</u> acceptable)  | ORALI <b>15</b>     |
| Stuart   | pr 2/1007  | <u>\$</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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing l   | Name and Address:  |
|---|--|
| MGRM" = Managing I  | Dagmar Berendes 4574 SE Graham Drive Stuart, FL 34997  ALLAH SECTION OF STATE OF STA |
| (The effective date: 1) cannot the Florida Department of S                                    | if other than the date of filing:  (OPTIONAL)  to be prior to nor more than 90 days after the date this document is filed by tate; AND 2) must be the same as the effective date listed in the attached an effective date listed therein.)   |
| (In accordance with section of<br>the penalties of perjury that<br>document to the Department | ember or an authorized representative of a member.  508.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the facts stated herein are true. I am aware that any false information submitted in a of State constitutes a third degree felony as provided for in s.817.155, F.S.)  Prendes  Typed or printed name of signee  |