L12000038711

(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:		

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Fm: AMY H TAYLOR, CPA, PA To: Janet for Maurice Taylor (12172283166) 10:36 03/12/12 EST Pg 2-10

COVER LETTER

TO: Registration Division of	Section Corporations		
SHRIECT, MAL	IRICE TAYLOR	ASSOCIATES LL	C
JOBODOT.		Resulting Florida Limited	
			in, and fees are submitted to convert an pany" in accordance with s. 608,439, F.S.
Please return all co	rrespondence concern	ing this matter to:	
AMY H TAYLO	R, CPA		
(Contact Person)			
AMY H TAYLOR, CPA, PA			
(Firm/Company)			
1415 PANTHE	R LANE, STE 24	9	
	(Address)	And the state of t	
NAPLES, FL 34	4109		
(City, State and Zip Code))	
yourcpaamy@a	aol.com		
E-mail address: (to be a	ised for future annual repo	irt notifications)	
For further informa	tion concerning this n	natter, please call:	
AMY H TAYLOR	, CPA	at (239) 2	61-1040
(Name of Cor	ntact Person)		Daytime Telephone Number)
Enclosed is a check	for the following am	ou n f:	
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	180.00 Filing Pecs and Certified Copy	S185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section		MAILING Registratio	G ADDRESS: in Section

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

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 8.608.439. Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:				
MAURICE TAYLOR ASSOCIATES CORPORATION				
(Enter Name of Other Business Entity)				
(Enter Name of Other Dusiness 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 FLORIDA				
(Enter state, or if a non-U.S. entity, the name of the country)				
on 09/13/2010 (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:				
N/A - NO CHANGE				
N/A - NO CHANGE				
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:				
MAURICE TAYLOR ASSOCIATES 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 2</u>) 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				

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currently organized, formed or incorporated.

Fm: AMY H TAYLOR, CPA, PA To: Janet for Maurice Taylor (12172283166) 10:37 03/12/12 EST Pg 4-10

Signed this 12th day of Wall	20 12
Signature of Member or Authorized Repr Individual signing affirms that the facts sta constitutes a third degree felony as provided	resentative of Limited Liability Company: ted in this document are true. Any false information d for in \$817.155, F.S.
Signature of Member or Authorized Represe Printed Name: MAURICE TAYLOR	Entative: MANAGING MEMBER
this document are true. Any false informati s.817.155. T.S. [See below for required signs	nity: Individual(s) signing affirm(s) that the facts stated in constitutes a third pree felony as provided for in ature(s).
Signature:	
Printed Naffle: MAURICE TAYLOR.	Title PRESIDENT PCS.
Signature:	
Printed Name:	Title:
Signature:Printed Name:	Tide:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Directors or Officers have not been selected	tor, or Officer.
If Florida General Partnership or Limited ! Signature of one General Partner.	Liability Partnership;
If Florida Limited Partnership or Limited I Signatures of ALL General Partners.	Liability Limited Partnership:
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) Page 2 of 2

Fm: AMY H TAYLOR, CPA, PA To: Janet for Maurice Taylor (12172283168)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

MAURICE TAYLOR ASSOCIATES LLC

(Must end with the words "Limited Liability Company, the abbreviation "L.I.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:

1825 E GORDON DRIVE

NAPLES, FL 34102

1825 E GORDON DRIVE

NAPLES, FL 34102

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Lunited Liability Company cumos serve us 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:

MAURICE TAYLOR

Name

1825 E GORDON DRIVE

Florida street address (P.O. Box NOT acceptable)

NAPLES

FL 34102

City, 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..

(CONTINUED)

Registered Agent's Signature (REQUIRI

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12 MAR 19 AH 11: 20

SECRETARY OF STATE DIVISION OF CORPORATIONS

Fm: AMY H TAYLOR, CPA, PA To: Janet for Maurice Taylor (12172283166) 10:38 03/12/12 EST Pg 6-10

ARTICLE IV- Manager(s) or Ma The name and address of each Man	nnaging Member(s): lager or Managing Member is as follows:
Title: Normal No	ame and Address:
MGRM	MAURICE TAYLOR 1825 E GORDON DRIVE NAPLES, FL 34102
(Use attachment if necessary)	
(The effective date: 1) cannot be prior to	o nor more than 90 days after the date this document is filed by 2) must be the same as the effective date listed in the attached edate listed therein.)
REQUIRED SIGNATURE:	authorized representative of a member.
the penulties of periury that the facts state	lorida Statutes, the execution of this document constitutes an affirmation under different are true. I am aware that any false information submitted in a subtract α third degree felony as provided for in α 817 155, F.S.)
MAURICE TAYLOR Typed	or printed name of signee

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