

L120001125H

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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EXAMINER



800238768268

08/30/12--01012--007 **25.00

09/27/12--01001--007 **125.00

Event

FILED
12 AUG 30 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Larry M. Seal
2037 Hawthorne Drive
Navarre, Florida 32566

August 28, 2012

Registration Section
Division of Corporations
Secretary of State
P.O. Box 6327
Tallahassee, FL 32314

RE: Seal Insurance Agency (GP0000001189)
conversion to
West Florida Insurance Managers, LLC

To whom it may concern:

Enclosed herewith you will find the cover letter, Certificate of Conversion, and Articles of Organization for the above referenced.

Also enclosed is check no. 4733 in the amount of \$25.00 as authorized by Florida Statutes (F.S.) for the Certificate of Conversion. I reviewed F.S. 608.452, 620.182 and 620.81055 and found no authority for the Secretary to charge \$125.00 for filing of the Articles of Organization. If there is another statute applicable, please advise me by e-mail or phone and I will remit the fee. The Articles of Organization being submitted were prepared independently.

Thank you for your attention to this matter and I look forward to your processing of these papers.

Sincerely,

A handwritten signature in black ink, appearing to read "Larry M. Seal", written in a cursive style.

Larry M. Seal

enclosure

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WEST FLORIDA INSURANCE MANAGERS, 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:

LARRY SEAL

(Contact Person)

WEST FLORIDA INSURANCE MANAGERS

(Firm/Company)

2037 HAWTHORNE DRIVE

(Address)

NAVARRE, FLORIDA 32566

(City, State and Zip Code)

LMSEAL@AOL.COM

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

For further information concerning this matter, please call:

LARRY SEAL

at (850) 375-4717

(Name of Contact Person)

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> \$150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization) | <input type="checkbox"/> \$155.00 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$180.00 Filing Fees
and Certified Copy | <input type="checkbox"/> \$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

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:

SEAL INSURANCE AGENCY

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a GENERAL PARTNERSHIP

(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 JUNE 30, 2000

(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

4. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

WEST FLORIDA INSURANCE MANAGERS, LLC

(Enter Name of Florida Limited Liability Company)

5. If not effective on the date of filing, enter the effective date: 09/01/2012

(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.)

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.

FILED
12 AUG 30 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signed this 28TH day of AUGUST 2012.

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.817.155, F.S.

Signature of Member or Authorized Representative: _____

Printed Name: LARRY M. SEAL

Title: MANAGING MEMBER

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: LARRY M. SEAL

Title: GENERAL PARTNER

Signature: _____

Printed Name: C. MICHELLE SEAL

Title: GENERAL PARTNER

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)

ARTICLES OF ORGANIZATION
OF
WEST FLORIDA INSURANCE MANAGERS, LLC
a Florida Limited Liability Company

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes (Florida Limited Liability Company Act), for the purpose of forming a Limited Liability Company under the laws of the State of Florida, do set forth the following Articles of Organization:

ARTICLE I

The name of the Limited Liability Company is West Florida Insurance Mangers, LLC (hereinafter referred to as the "Company").

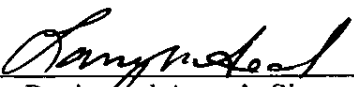
ARTICLE II

The mailing address and street address of the Company is 3 Garden Street, Suite 606, Pensacola, Escambia County, Florida 32502. Such address may be changed from time to time as provided in the Operating Agreement of the Company.

ARTICLE III

The name of the initial registered agent for the Company is Larry M. Seal and the address of the initial registered office is 2037 Hawthorne Drive, Navarre, Santa Rosa County, Florida 32566.

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

ARTICLE IV

The company is to be member managed. The name and address of the initial Managing Member is Larry M. Seal, 2037 Hawthorne Drive, Navarre, Santa Rosa County, Florida 32566.

ARTICLE V

The period of duration of the Company shall not exceed the maximum term permitted under the Florida Limited Liability Company Act. The Company may be dissolved as provided for in the Florida Limited Liability Company Act or as provided for in the written Operating Agreement of the Company.

ARTICLE VI

The initial capital contribution of the company shall be One Hundred and no/100 (\$100.00) dollars in cash.

ARTICLE VII

Additional contributions to capital, if any, will be made as provided for in the Operating Agreement of the Company. No additional contributions to capital have been agreed to as of the date of the filing of these Articles of Organization.

ARTICLE VIII

Unless expressly agreed otherwise in writing by all of the Members, the Company shall indemnify any Member to the full extent permitted under the Florida Limited Liability Company Act.

ARTICLE IX

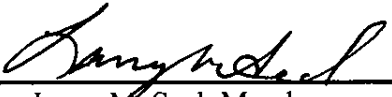
The purpose for which the Company is organized is to act as an insurance product distribution intermediary, and to otherwise engage in any and all other businesses and activities permitted by

the laws of the State of Florida. The Company shall have all of the powers vested in a Limited Liability Company organized and existing by virtue of such laws.

ARTICLE X

These Articles of Organization shall become effective September 1, 2012.

Executed at Navarre, Florida, on the 28th day of August, 2012 at 3:00 p.m.

By: 
Larry M. Seal, Member