

L12 000147766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

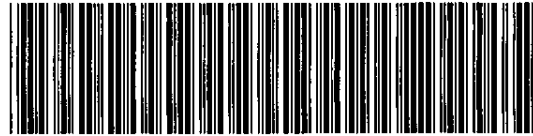
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EXAMINER



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12 NOV 26 AM 9:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 2, 2012

CLIFF YEAZEL SR  
401 MCCOY ROAD  
SEBRING, FL 33875

SUBJECT: CM ENTERPRISES LLC CO  
Ref. Number: W12000055995

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TALLAHASSEE, FLORIDA

We have received your document for CM ENTERPRISES LLC CO and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears to us that you are trying to convert a sole proprietorship into a Florida LLC. From what we can tell COUNTYWIDE TREE SERVICE was simply a sole proprietorship.

The conversion laws cannot be used to convert a sole proprietorship into a LLC.

If you want to establish an LLC, you will just file the Articles of Organization, not the Certificate of Conversion.

The name C M ENTERPRISES LLC CO cannot be used for your company because that name is too similar to the name of an existing company C & M ENTERPRISES, INCORPORATED, Document Number P9700074396. So you will have to choose another name for your company.

ALSO, PLEASE NOTE that the name of your limited liability company must END with the LLC suffix. There can't be any words or additional suffixes after the LLC. Your name cannot end in "LLC CO".

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) 245-6051.

Buck Kohr  
Regulatory Specialist II

Letter Number: 312A00026809

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ~~C M ENTERPRISES LLC CO~~ Senior Enterprises 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:

CLIFF YEAZEL SR

(Contact Person)

~~C M ENTERPRISES LLC CO~~ Senior Enterprises LLC

(Firm/Company)

401 MCCOY RD

(Address)

SEBRING FL 33875

(City, State and Zip Code)

WARRIOR@DISHMAIL.NET

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

For further information concerning this matter, please call:

CLIFF YEAZEL

(Name of Contact Person)

at ( 863 ) 531-0011

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> \$150.00 Filing Fees<br>(\$25 for Conversion<br>& \$125 for Articles<br>of Organization) | <input type="checkbox"/> \$155.00 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$180.00 Filing Fees<br>and Certified Copy | <input checked="" type="checkbox"/> \$185.00 Filing Fees,<br>Certified Copy, and<br>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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

~~C M ENTERPRISES LLC CO~~ Senior Enterprises 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:

401 MCCOY RD  
SEBRING FL 33875

### Mailing Address:

401 MCCOY RD  
SEBRING FL 33875

## 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:

CLIFF YEAZEL SR  
Name

401 MCCOY RD  
Florida street address (P.O. Box **NOT** acceptable)

SEBRING FL 33875  
City, State, and Zip

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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:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_  
(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 listed therein.)

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

**CLIFF YEAZEL SR**

\_\_\_\_\_  
Typed or printed name of signee