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| (Re | questor's Name) | · · · · · · · · · · · · · · · · · · · |
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| (Ad | dress) | · |
| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Na | me) |
| (Document Number) | | |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only

B. KOHR
JAN 2 2017
EXAMINER



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12 DEC 26 PH 5: 14 SEGRETARY OF STATE TALLAHASSEE, FI ORION

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|--|
| SUBJECT: 9/1 NOTARY, ENE. 220 (Name of Resulting Florida Limited Company) | - |
| The enclosed Certificate of Conversion, Articles of Organization, and fees are submitte "Other Business Entity" into a "Florida Limited Liability Company" in accordance with | |
| Please return all correspondence concerning this matter to: | |
| MARIA T- BARROS (Contact Person) 91/ NOTARY INC (Firm/Company) De Hong DR. (Address) De Hong 72 33735 (City, State and Zip Code) Marros 2003 @ Not mail. Com E-mail address: (to be used for future annual report notifications) | 12 DEC 26 PH 5: 14 SECKETARY OF STATE TALLAHASSEE, FLORIDA |
| For further information concerning this matter, please call: Maria T- Barros at (407) 878 83 44 (Name of Contact Person) (Area Code and Daytime Telephone Number) | <u>L</u> :r) |
| 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 and Certificate of Status \$180.00 Filing Fees and 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

| 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: 911. NOTARY INC (Enter Name of Other Business Entity) P12.0006 |
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a <u>COR Poration</u> . |
| (Enter entity type. Example: corporation, limited partnership, |
| general partnership, common law or business trust, etc.) |
| first organized, formed or incorporated under the laws of <u>Flovidg</u> |
| (Enter state, or if a non-U.S. entity, the name of the country) |
| on 8/1/2012. |
| (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: |
| · |
| 4. The name of the Florida Limited Liability Company as set forth in the attached Articles of |
| Organization: 911 NOTARY, 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 |

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.

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.)

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 day of DeCem | ber 20 12. |
|---|---|
| Individual signing affirms that the facts sta constitutes a third degree felony as provide | resentative of Limited Liability Company: ated in this document are true. Any false information and for in s.817.155, E.S. |
| Signature of Member or Authorized Repres Printed Name: Mana T. BAK | entative! March Barros 2005 Title: President |
| Signature(s) on behalf of Other Business E this document are true. Any false informat s.817.155, F.S. [See below for required sign | ntity: Individual(s) signing affirm(s) that the facts stated in ion constitutes a third degree felony as provided for in ature(s).] |
| Signature: /s/ MARIA T. BARROS | _ |
| Printed Name: Maria T. Barros | Title: _President |
| Signature | |
| Printed Name: | Title: |
| | |
| Signature: Printed Name: | Title: |
| | |
| Signature: | Title: |
| Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Directly Directors or Officers have not been selected. If Florida General Partnership or Limited Signature of one General Partner. | d, an Incorporator must sign. |
| 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: 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| The name of the Limited Liability Company is: | 30 7 mg | | | |
|--|-----------------------------------|--|--|--|
| 911 NOTARY CLC | DEC 2 | | | |
| (Must end with the words "Limited Liability Company, the abbreviation "L.L.C.," or the designation "LLC.") | - 6 T | | | |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability C | ompany Sister | | | |
| Principal Office Address: Mailing Address: | P | | | |
| bas S. Glancy Dr. bas S. Glancy De Itona 72 32725 De Itona, 72 3 | DR 3735 | | | |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatu (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or ano business entity with an active Florida registration.) | | | | |
| The name and the Florida street address of the registered agent are: Doris Albertonio Name Na | | | | |
| 7361 N. C. K. 426 | | | | |
| Florida street address (P.O. Box NOT acceptable) City, State, and Zip | | | | |
| Having been named as registered agent and to accept service of process for the above state company at the place designated in this certificate, I hereby accept the appointment as regarded to act in this capacity. I further agree to comply with the provisions of all statutes reproper and complete performance of my duties, and I am familiar with and accept the obligosition as registered agent as provided for in Chapter 608, F.S | sistered agent and elating to the | | | |
| Registered Agent's Signature (REQUIRED) | | | | |
| Acgistered Agent's Signature (REQUINED) | | | | |

(CONTINUED)

Page 1 of 2

(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 Certificate of Conversion, if an effective date listed therein.)

REQUIRED SIGNATURE:

Signature of a member of 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.)

Typed or printed name of signee

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