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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

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ALLAHASSEF, FINALE

B. BOSTICK

JAN - 3 2013

EXAMINER

Norris & Norris, P.A.

ATTORNEYS AT LAW 253 N.W. MAIN BOULEVARD P.O. DRAWER 2349 LAKE CITY, FL 32056-2349

John E. Norris Guy W. Norris Rima P. Patel www.norrisattorneys.com

Tel: (386) 752-7240 Fax: (386) 752-1577

December 11, 2012

VIA EMAIL rebasit@aol.com
And U. S. Mail First Class

Ms. Maribeth C. Beekman Resort Babysitters, Inc. 6273 16th Street South St. Petersburg, FL 33705

RE: Resort Babysitters, Inc.

Conversion to Limited Liability Company

Dear Maribeth:

Enclosed are the documents necessary to convert Resort Babysitters, Inc. into a Florida Limited Liability Company. Please sign the documents where indicated and forward them to the address highlighted on the first page, together with your check in the amount of \$150.00

If there are any changes that need to be made, please let me know.

With best regards, I am

Guy W. **M**orris

v∕vours.

GWN/sfb Enclosures

COVER LETTER

TO: Registration Section

Division of Corporations				
SUBJECT: RESORT BABYSITTE	ERS, LLC			
	f Resulting Florida Limited Company)	_		
	Articles of Organization, and fees are submitted imited Liability Company" in accordance with			
Please return all correspondence concerni	ing this matter to:			
GUY W. NORRIS, ESQUIRE				
(Contact Person)				
NORRIS & NORRIS, P.A.				
(Firm/Company)				
253 NW MAIN BLVD				
(Address)		JAT 3S		
LAKE CITY, FL 32055		LCR A	205	Coppey
(City, State and Zip Code)	HAS.	.C 3	- 1
gnorris@norrisattorneys.com		SET TO	=	
E-mail address: (to be used for future annual repo	rt notifications)	- 24 - 1.1 전	A	
For further information concerning this m	natter, please call:	STA:	AM II: 3	
Guy W. Norris	at (386) 752-7240	A GI		
(Name of Contact Person)	(Area Code and Daytime Telephone Number)			
Enclosed is a check for the following amo	ount:			
\$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 ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations P. O. Box 6327			
Clifton Building 2661 Executive Center Circle	Tallahassee, FL 32314			
Tallahassee, FL 32301				

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" immedia Conversion is:	tely prior to the filing of this Certificate of		
RESORT BABYSITTERS, INC. (Enter Name of Oth			
2. The "Other Business Entity" is a corporation PS (Enter entity type. Example: co- general partnership, common	9900043468 prporation, limited partnership,		
first organized, formed or incorporated under the laws (Enter state, or if a non-U.S. er	•		
on May 10, 1999 (Enter date "Other Business Entity" was	first organized, formed or incorporate	d)	
3. If the jurisdiction of the "Other Business Entity" w which it is now organized, formed or incorporated:	ras changed, the state or country under the	e laws o	
4. The name of the Florida Limited Liability Compan Organization:		3 - A=	FILED
RESORT BABYSITTERS, LLC	mited Liability Company)	AM II: 3	D
(Enter Name of Florida Li	mited Liability Company)	<u>3</u>	
5. If not effective on the date of filing, enter the effect (The effective date: 1) cannot be prior to nor more filed by the Florida Department of State; AND 2) nattached Articles of Organization, if an effective data	e than 90 days after the date this docum must be the same as the effective date li		the
6. The conversion is permitted by the applicable law(s conversion complies with such law(s) and the requirer	, • •		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	day of December	20 <u>_12</u>	
Individual signing affin constitutes a third degr	rms that the facts sta ree felony as provide		ormation
Signature of Member of Printed Name: Maribeth	or Authorized Represo C. Beekman	entative: Title: Managing Member	_ _
this document are true s.817.155, F.S. [See bel	e. Any false informati low for required sign	ntity: Individual(s) signing affirm(s) that the ion constitutes a third degree felony as proviature(s).]	
Signature:		w.	
Printed Name: Maribeth C.	Beekman	Title: Director/President	_ _
Signature:		Title:	_
Printed Name;	 	rue:	_
Signature:			
Printed Name:		Title:	
Signature:		m' d	
Printed Name:		Title:	_
Signature:			
Printed Name:		Title:	_
			_
Signature:			<u></u>
Printed Name:		Title:	
If Florida Communition	_		SE SE
If Florida Corporation Signature of Chairman,		tor or Officer	CR P
		l, an Incorporator must sign.	>
		,	31 SSE
If Florida General Par			
Signature of one Genera	ıl Partner.		
If Florida Limited Part Signatures of <u>ALL</u> Gene		Liability Limited Partnership:	I:31 TATE ORIDA
All others: Signature of an authorize	ed person.		
Fees:			
Certificate of Conversion	on:	\$25.00	
Fees for Florida Article	s of Organization:	\$125.00	
Certified Copy:		\$30.00 (Optional)	
Certificate of Status:		\$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:		
RESORT BABYSITTERS, LLC (Must end with the words "Limited Liability Company, the a	abbreviation "L.L.C.," or the designation "LLC.")		
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liabili	ity Company is:	
Principal Office Address:	Mailing Address:		
6273 16th Street South St. Petersburg, Florida 33705	6273 16th Street South St. Petersburg, Florida 33705		
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Registers entity with an active Florida registration.)	gistered Agent. You must designate an individual of	or another	
The name and the Florida street address of the		12 DEC 3 SECRETAR ALLAHAS	ŋ
Guy W. Norris, Es	Name	mag =	П
253 NW Main Blv	vd.	AM II: OF STA E, FLOT	D
Florida street addre	ess (P.O. Box <u>NOT</u> acceptable)	:31 GRED	
Lake City	FL 32055	-	
Cit	ty, 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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

"MGR" = Manager "MGRM" = Managing Member MGRM	Maribeth C. Beekman 6273 16th Street South St. Petersburg, FI 33705
	Maribeth C. Beekman 6273 16th Street South
MGRM	6273 16th Street South
	SE SE ALL
	DEC 31 A
	255 3 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	AM II: 3 I
	OF STATE OR STATE OF STATE OR STATE OR STATE OR STATE OR STATE OR STATE OR STATE OF
	ORA :
(Use attachment if necessary)	
ICLE V: Effective date, if other	than the date of filing: (OPTIONAL)
	or to nor more than 90 days after the date this document is fi
	ND 2) must be the same as the effective date listed in the att
iorida Departificint di State. Al	etive date listed therein.)

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.)

MARIBETH C. BEEKMAN

Typed or printed name of signee