

L13000021345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

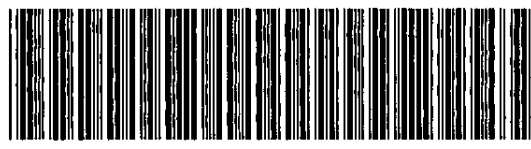
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

FEB 11 2013

G. McLEOD



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13 FEB -8 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W13-4536

RONALD J. WELEBNY

5349 COBALT COURT, CAPE CORAL, FL 33904

239-671-6574

RON@WELEBNY.US

February 5, 2013

Gina McLeod
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Letter Number 713A00001752

Dear Ms. McLeod,

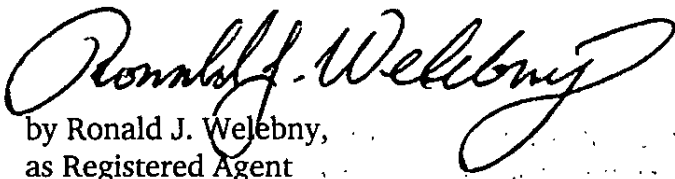
Thank you for the good information regarding our attempt to convert the Sole Proprietorship d/b/a to LLC. We appreciate learning that this was an inappropriate move.

We should like in any event to continue with the formation of the LLC in keeping with the parameters of the enclosed Articles of Organization. It will be our intent to simply commence with the doing of business as the LLC, and to discontinue using the d/b/a Sole Proprietorship.

In putting the d/b/a to bed, we will need to retire the resale certificate, and also to discontinue the need to file quarterly reports with the Department of Revenue. I assume that this, as well as activating the LLC must be done by me in direct communication with DOR. Please advise if this is incorrect.

We thank you for your kind assistance, and look forward to receiving word that the LLC may be put to use.

Sincerely yours,
for Lens Art by Florene, LLC



by Ronald J. Welebny,
as Registered Agent

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lens Art by Florene, 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:

Ronald J. Welebny

(Contact Person)

Lens Art by Florene, LLC

(Firm/Company)

5349 Cobalt Court

(Address)

Cape Coral, FL 33904-5877

(City, State and Zip Code)

Ron@Welebny.us

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

For further information concerning this matter, please call:

Ron Welebny at (239) 671-6574

(Name of Contact Person)

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input checked="" 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Lens Art by Florene, 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:

5349 Cobalt Court

Cape Coral, FL 33904-5877

Mailing Address:

5349 Cobalt Court

Cape Coral, FL 33904-5877

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:

Ronald J. Welebny

Name

5349 Cobalt Court

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

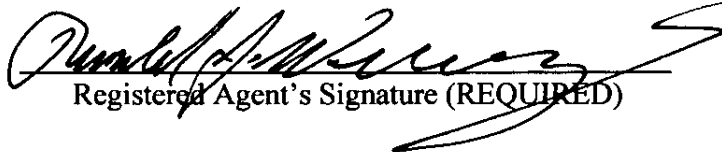
Cape Coral

FL 33904-5877

City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

MGRM

Florene M. Welebny

5349 Cobalt Court

Cape Coral, FL 33904-5877

MGRM

Debra S. Welebny

900 Marble Way

Boca Raton, FL 33432

MGR

Ronald J. Welebny

5349 Cobalt Court

Cape Coral, FL 33904-5877

(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.)

Ronald J. Welebny as Registered Agent

Typed or printed name of signee