L13000030983

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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B. BOSTICK FEB **2** 8 2013

EXAMINER

Registration Section TO: Division of Corporations

SUBJECT: Anne Bishop Educational Consulting, 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:

Anne Bishop PHD				
(Contact Person)				
Anne Bishop Educational Consul	ting, Inc			
(Firm/Company)				
2 E Street unit 7				
(Address)				
St Augustine, Fl 32080				
(City, State and Zip Code	e)			
annebshp@gmail.com				
E-mail address: (to be used for future annual rep	ort notifications)		7	
For further information concerning this i	matter, please call:			A 3
Anne Bishop PHD	at (352)	224-8461	I S FEB 27 A	==
(Name of Contact Person)	(Area Code a	and Daytime Telephone Number)	- 526	§ ******
Enclosed is a check for the following arr	nount:			G
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\$155.00 Filing Fees and Certificate of Status	\$180.00 Filing Fee and Certified Copy	1 1	AM 10: 56	
CTDEET ADDDECC.	MAILI:	NC ADDDESS.		

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 <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" immediately prior to the filing of this Conversion is: Anne Bishop Educational Consulting, Inc (Enter Name of Other Business Entity)	Certificate of	٥٥٥	1
2. The "Other Business Entity" is a <u>COrporarion</u> (Enter entity type. Example: corporation, limited partners 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)	-y)		
on 9-7-2011 (Enter date "Other Business Entity" was first organized, formed or in	ncorporated)		
3. If the jurisdiction of the "Other Business Entity" was changed, the state or count which it is now organized, formed or incorporated:	try under the law	∕s of	
NO		-1 11	ens-fixed
4. The name of the Florida Limited Liability Company as set forth in the attached Organization:	Articles of	EB 27 AI	
Anne Bishop Educational Consulting, LLC	م بر سام مثب	AM IO:	
(Enter Name of Florida Limited Liability Company)): 56	
5. If not effective on the date of filing, enter the effective date:			;
6. The conversion is permitted by the applicable law(s) governing the other busines conversion complies with such law(s) and the requirements of s.608.439, F.S., in ef		ersion	ı.
7. The "Other Business Entity" currently exists on the official records of the jurisdicurrently organized, formed or incorporated.	ction under which	ch it is	ı

	Signed this 25th day of February	20 <u>13 </u>			
	Signature of Member or Authorized Representat Individual signing affirms that the facts stated in th constitutes a third degree felony as provided for in	is document are true. Any false infort	nation		
	Signature of Member or Authorized Representative: Printed Name: Anne Bishop PHD	are Bisty PhD Title: Manager)		
	Signature(s) on behalf of Other Business Entity: Inc this document are true. Any false information const s.817.155, F.S. [See below for required signature(s).	titutes a third degree felony as provide			
ŗ		Tid.			
	Printed Name: Anne Bishop PHD Signature: Lawy Brother	Title: Manager			
	Printed Name: Larry Bishop	Title: Vice President			
	Signature:Printed Name:				
	Signature:Printed Name:	Title:			
	Signature:Printed Name:	Title:			
	Signature:Printed Name:	Title:			
	If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or O If Directors or Officers have not been selected, an Inco				
	If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership:	TALL	13 F	
	If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partnership:		EB 27	***************************************
	All others: Signature of an authorized person.		ETO	WHO:	
	Fees:		A A	56	

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional) Page 2 of 2

Certificate of Conversion:

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company	is:			
Anne Bishop Educational Co (Must end with the words "Limited Liability Company, the				
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Com	ıpany is:		
Principal Office Address:	Mailing Address:			
2 E Street unit 7	2 E Street unit 7			
St Augustine, Fl 32080	St Augustine, FI 32080			
	red Office, & Registered Agent's Signature egistered Agent. You must designate an individual or another ne registered agent are:			
Anne Bishop PH	4D	Par	1 3	
Auto Dishop TT	Name		<u> </u>	
2 E Street unit	7	AT VEL	13 FEB 27	E Care Core and
Florida street addre	ess (P.O. Box NOT acceptable)	1.1.1 ₹0. 1.4.1 ×	22	K. F.
St Augustine	FL 32080	632 L	AH 10: 56	ť
Ci	ity, State, and Zip	NO.	56	
company at the place designated in this certific	o accept service of process for the above stated cate, I hereby accept the appointment as registe o comply with the provisions of all statutes relat	ered agei	nt and	1

position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

proper and complete performance of my duties, and I am familiar with and accept the obligations of my

Page 1 of 2

"MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Anne Bishop PHD 2 E Street unit 7
	St Augustine, Fl 32080
	
	FEB 2
(Use attachment if necessary)	ANIO: 56
ΓΙCLE V: Effective date, if other t	han the date of filing: (OPTIONAL)
	r to nor more than 90 days after the date this document is filed by
e effective date: 1) cannot be prior Florida Department of State; <u>AN</u> tificate of Conversion, if an effecti	(D 2) must be the same as the effective date listed in the attached
e effective date: 1) cannot be prior Florida Department of State; <u>AN</u> tificate of Conversion, if an effection of the State of Conversion of the Conversion	(D 2) must be the same as the effective date listed in the attached
e effective date: 1) cannot be prior Florida Department of State; AN tificate of Conversion, if an effection DUIRED SIGNATURE: Signature of a member or a (In accordance with section 608.408(3), the penalties of perjury that the facts st	(D 2) must be the same as the effective date listed in the attached ive date listed therein.)