# 1400018648

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	<del></del>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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2014 JAN 13 PH 4: 16 SECRETARY SECTIONS

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 15, 2014

TONI MURRAY PO BOX 163233 ALTAMONTE SPRINGS, FL 32716

SUBJECT: BROADWAY REPORTING, INC.

Ref. Number: P98000012432

We have received your document for BROADWAY REPORTING, INC. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filings its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Organization, if any.

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.

Tammi Cline Regulatory Specialist II

Letter Number: 914A00001028

### **COVER LETTER**

<b>TO:</b> Registration S Division of C				
SUBJECT:	•	RePORTING, of Resulting Florida Limite	LLC d Company)	-
Business Entity" into	a "Florida Limited Li	ability Company" in a	and fees are submitted tecordance with s. 605.10	
	espondence concerning	_		
TONI MUR	2RAY			
Banduna	Contact Person)  Y REPORTING  (Firm/Company)			
_ DROUG WAS	(Firm/Company)	)		
PD BUX	163233			
	(Address)			
ALTAMONT	E SPRINGS,	FL 32716		
(0	City, State and Zip Code)	_		<b>3</b> 0 <b>3</b>
broadway r	(Address)  (Address)  E SPN n G S,  City, State and Zip Code)  EPORTING @ Ya  be used for future annual re	chov - Com		2016 JAN 13
	on concerning this ma			
		_at (	30-0790	3 PH +: 16
(Name of Conta	act Person)	(Area Code) (Day	rtime Telephone Number)	
Enclosed is a check t	for the following amou	int:		हुती <b>क</b>
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	(25) 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 ADDRES	S:	MAILING A	ADDRESS:	

Registration Section
Division of Corporations

Tallahassee, FL 32314

P. O. Box 6327

Registration Section
Division of Corporations
Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

### **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.605.1045, Florida Statutes.

The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Broadway Reforming, Inc. 198000012432	Conversi	on is:
(Enter Name of Other Business Entity)		
2. The "Other Business Entity" is a CORPORATION.		
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)		
First organized, formed or incorporated under the laws of Florida		
on February 6, 1998 (Enter state, or if a non-U.S. entity, the name of the date of organization, formation or incorporation)	he country	)
(date of organization, formation or incorporation)	20.	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of C	)rganiza	tion;; <sub>}</sub>
BROAdway REPORTING, LLC (Enter Name of Florida Limited Liability Company)	7	(Manager)
(Enter Name of Florida Limited Liability Company)	ζ ω 	in
4. If not effective on the date of filing, enter the effective date: <u>JANUARY</u> 20, 20!4 (The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 day	eafter the	ر ا he
date this document is filed by the Florida Department of State; <u>AND</u> 2) must be the same a date listed in the attached Articles of Organization, if an effective date is listed therein.)	· ·	
5. The plan of conversion has been approved in accordance with ss. 605.1041-605.1046.		

Signed this 20th day of JANUARY	20/4
Signature of Authorized Representative of Limite	ed Liability Company:
Signature of Authorized Representative: Jauk Printed Name: TONI MUPPAY	Title: MGRU
Signature(s) on behalf of Other Business Entity: [S	ee below for required signature(s).]
Signature: Mundy Printed Name: ON! MURRAY	Title: SECRETARY
Signature:Printed Name:	Title:
Signature: Printed Name:	Title:
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:
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	Limited Partnership:
All others: Signature of an authorized person.	
Fees:	

2011 JAN 13 PH 4: 1

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Articles of Conversion:

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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Co	mpany is:	
BROANWAY READOTING	LLC.	
BROADWAY REPORTING, (Must end with the words "I.	imited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street addres	s of the principal office of the Limited	1 Liability Company is:
Principal Office Address:	Mailing Address:	
438 RAYMOND Ave Since Wordword Fr 32750	PO BOX 163233 ALTAMONTE SPEN	V43, FL 32716
ARTICLE III - Registered Agent, R (The Limited Liability Company cannot serve as it business entity with an active Florida registration	ls own Registered Agent. You must designate an in	
The name and the Florida street addre	-	
1001	MUZRAY	
Has Rayma Florida street add Longwood Cit	Name  OND Ave Sive  diress (P.O. Box NOT acceptable)  FL 32750  y Zip	
liability company at the place des registered agent and agree to act in statutes relating to the proper and	gent and to accept service of process for signated in this certificate, I hereby acc this capacity. I further agree to comply complete performance of my duties, an tion as registered agent as provided fo	ept the appointment as y with the provisions of all id I am familiar with and
Registered Ag	cent's Signature (REQUIRED)	THE SECRET
(1	CONTINUED)	
	Page 1 of 2	TH HILL

T:41	Name and Adduses
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	· 11 · :
AMBR	Teir Morris
,	PO BOX 163233
	ALTAMONTE SPRINGS, FL 32711
MGRM	TONI MURRAY
7 197-24	PO BOX 163233
	ALTAMONTE SPRINGS, FE 32716
LE V: Effective date, if other than t	he date of filing: <b>JANNARY 20, 2014</b> . (OPTION st be specific and cannot be more than five busines
(Use attachment if necessary)  LE V: Effective date, if other than t  ffective date is listed, the date mus  days after the date of filing.)  LE VI: Other provisions, if any.	he date of filing: JANNARY 30, 3014. (OPTION st be specific and cannot be more than five busines
LE V: Effective date, if other than t ffective date is listed, the date mus days after the date of filing.)	he date of filing: JANNARY 30, 3014. (OPTION st be specific and cannot be more than five busines
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LE V: Effective date, if other than the frective date is listed, the date must days after the date of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member accordance with section 605.0203 institutes an affirmation under the personner.	bet be specific and cannot be more than five busines  What  oer or an authorized representative of a member.  (1) (b), Florida Statutes, the execution of this documentalities of perjury that the facts stated herein are true.
LE V: Effective date, if other than the frective date is listed, the date must days after the date of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member accordance with section 605.0203 astitutes an affirmation under the pern aware that any false information:	ber or an authorized representative of a member.  (1) (b), Florida Statutes, the execution of this documentative of perjury that the facts stated herein are true. Submitted in a document to the Department of State
LE V: Effective date, if other than the frective date is listed, the date must days after the date of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member accordance with section 605.0203 institutes an affirmation under the permanance of the perman	per or an authorized representative of a member.  (1) (b), Florida Statutes, the execution of this documentatives of perjury that the facts stated herein are true. submitted in a document to the Department of State evided for in s.817.155, F.S.)
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. ARTICLE IV-