

#L 14000020225

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

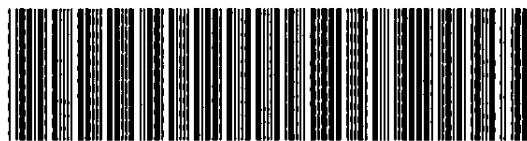
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500254569435

EFFECTIVE DATE
3-1-2014

01/06/14--01009--012 **150.00

FILED
2014 FEB 19 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

244-8672

K. SALY
EXAMINER
FEB 19 2014



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 10, 2014

CINDY MYERS
A CENTER FOR WELLNESS AND LIGHT, LLC
2273 LEE RD, STE. 103
WINTER PARK, FL 32789

SUBJECT: A CENTER FOR WELLNESS AND LIGHT, LLC
Ref. Number: W14000002063

We have received your document for A CENTER FOR WELLNESS AND LIGHT, LLC and your check(s) totaling \$150.00. 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.

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 514A00000710



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 10, 2014

CINDY MYERS
2273 LEE RD, STE. 103
WINTER PARK, FL 32789

SUBJECT: A CENTER FOR WELLNESS AND LIGHT, LLC
Ref. Number: W14000008672

We have received your document for A CENTER FOR WELLNESS AND LIGHT, LLC and your check(s) totaling \$150.00. 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.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 914A00003009

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A CENTER FOR WELLNESS AND LIGHT, 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. 605.1045, F.S.

Please return all correspondence concerning this matter to:

CINDY MYERS

(Contact Person)

A CENTER FOR WELLNESS AND LIGHT

(Firm/Company)

2273 LEE ROAD, STE 103

(Address)

WINTER PARK, FL 32789

(City, State and Zip Code)

ACENTERFORWELLNESSANDLIGHT@gmail.com

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

For further information concerning this matter, please call:

CINDY MYERS

(Name of Contact Person)

at (407) 252-2682

(Area Code and Daytime Telephone Number)

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

☐ \$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

EFFECTIVE DATE
3-1-2014

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

FILED
2014 FEB 19 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This Certificate of Conversion **and attached Articles of Organization** are submitted to convert the following **"Other Business Entity"** into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
A CENTER FOR WELLNESS AND LIGHT, INC. P07000098474
(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
(Enter state, or if a non-U.S. entity, the name of the country)

3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
A CENTER FOR WELLNESS AND LIGHT, ~~INC.~~ L.L.C.
(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: 03/01/2014.
(The effective date: 1) cannot be prior to date of receipt or filed date 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 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 31st day of December 2013.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: Cindy Myers
Printed Name: CINDY MYERS Title: PRESIDENT

Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: Cindy Myers
Printed Name: CINDY MYERS Title: _____

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 Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized person.

Fees:

| | |
|--|--------------------|
| Articles of Conversion: | \$25.00 |
| Fees for Florida Articles of Organization: | \$125.00 |
| Certified Copy: | \$30.00 (Optional) |
| Certificate of Status: | \$5.00 (Optional) |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EFFECTIVE DATE
3-1-2014

A CENTER FOR WELLNESS AND LIGHT, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

~~CINDY MYERS~~ 2273 LEE ROAD
STE 103
WINTER PARK, FL 32789

Mailing Address:

2273 LEE ROAD
STE. 103
WINTER PARK, FL 32789

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:

CINDY MYERS
Name
417 MEADOWOOD BLVD
Florida street address (P.O. Box **NOT** acceptable)
FERN PARK FL 32730
City Zip

FILED
2014 FEB 19 PM 4:01
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 605, F.S..

Cindy Myers

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV:

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

CINDY MYERS

Name and Address:

CINDY MYERS

2273 LEE ROAD, STE 103

WINTER PARK, FL 32789

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 03/01/2014. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Cindy Myers

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

CINDY MYERS

Typed or printed name of signee

Filing Fees:

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)