

L140000683252

(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



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2014 MAY 21 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 22 2013
T. HAMPTON

SSN 6-1111

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: John Sheats LLC

(Name of Resulting Florida Limited Company)

The enclosed Articles 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:

John Sheats

(Contact Person)

Continental Properties, Inc.

(Firm/Company)

17436 79th Ct N

(Address)

Loxahatchee, FL 33470

(City, State and Zip Code)

jcsheats@gmail.com

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

For further information concerning this matter, please call:

John Sheats

at (561) 247-3181

(Name of Contact Person)

(Area Code) (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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 1, 2014

JOHN SHEATS
CONTINENTAL PROPERTIES INC
17436 79TH CT N
LOXAHATCHEE, FL 33470

SUBJECT: JOHN SHEATS LLC
Ref. Number: W14000027455

We have received your document for JOHN SHEATS LLC and your check(s) totaling \$150.00. However, the document has not been filed and is being retained in this office for the following:

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 filing 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.

Tammy Hampton
Regulatory Specialist III

Letter Number: 814A00009283


To:

Florida Dept of State
Div of Corporations

Attn: Tammy Hampton

Regarding my recent request to convert Sheats Realty Services Inc. to John Sheats LLC, please be advised that I have changed my mind. I would like to let Sheats Realty Services Inc. automatically become inactive (I have never used the corporation for anything anyway) and just establish John Sheats LLC as a new LLC.

Please advise if anything further is needed. Thanks!

A handwritten signature in black ink, appearing to read "John Sheats", with a stylized flourish at the end.

John Sheats
jcsheats@gmail.com
561-247-3181

17436 79th Ct N
Loxahatchee, FL 33470

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

John Sheats 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:

17436 79th Ct N
Loxahatchee, FL 33470

Mailing Address:

17436 79th Ct N
Loxahatchee, FL 33470

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:

John Sheats

Name

17436 79th Ct N

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

Loxahatchee

FL 33470

City

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 605, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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

Name and Address:

John Sheats

17436 79th Ct N

Loxahatchee, FL 33470

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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:



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.)

John Sheats

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)

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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