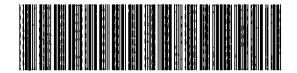
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(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Sity/State/2)p// Hone #/
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





400260532374

05/27/14--01052--013 **155.00







FLORIDA DEPARTMENT OF STATE Division of Corporations

June 3, 2014

MERRILEE AGANA 463 SHERWOOD OAKS DR ORANGE PARK, FL 32073

SUBJECT: MERRILEE AGANA LLC Ref. Number: W14000034104

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

The effective date must be specific and cannot be prior to the date of filing.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The document must be signed by a chairman, vice chairman, director, officer, or an incorporator, if directors or officers have not been selected.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 014A00011829

COVER LETTER

TO:	Registration S Division of C			
SUR	IECT: Merrile	e Agana LLC		
5000	.EC1.	(Name	of Resulting Florida Limit	ted Company)
				nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please	e return all corr	espondence concernin	g this matter to:	
Merr	ilee Agana			
		(Contact Person)		
Merr	ilee Agana LL	С		
		(Firm/Company)		
463	Sherwood Oal	ks Dr		
		(Address)		
Oran	ge Park, FL 3	2073		
***************************************	((City, State and Zip Code)		
merr	ileeagana@w	atsonrealtycorp.com	1	
E-r	nail Address: (to b	e used for future annual re	port notifications)	
For fu	ırther informati	on concerning this ma	tter, please call:	
Merr	ilee Agana		_at (904) 742	2-7485
	(Name of Conta	ict Person)	(Area Code) (Da	ytime Telephone Number)
Enclo	sed is a check f	for the following amou	int:	
(\$25 fo & \$125	0.00 Filing Fees or Conversion 5 for Articles anization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy	85.00 Filing Fees, Certified Copy, and Certificate of Status
STRI	EET ADDRES	S:	MAILING	ADDRESS:
Registration Section		Registration Section		
	ion of Corporat	ions		Corporations
CIITTO	n Building		P. O. Box 63	347

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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

The Articles 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

Merrilee Agana PA (Enter	r Name of Other Business Entity)
2. The "Other Business Entity" is a	s corp
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporat	ted under the laws of Florida
on 06/01/2012	(Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or inco	rporation)
3. The name of the Florida Limited I	Liability Company as set forth in the attached Articles of Organization:
Merrilee Agana LLC	
(Enter Name o	f Florida Limited Liability Company)
•	n A
4. If not effective on the date of filin (The effective date: 1) cannot be p date this document is filed by the F	rior to date of receipt or filed date nor more than 90 days after the florida Department of State; AND 2) must be the same as the effective of Organization, if an effective date is listed therein.)

Page 1 of 2

Signed this 21 day of May	2014
Signature of Authorized Representative of Lin	nited Liability Company:
Signature of Authorized Representative: Mon Printed Name: Merrilee Agana	riche: owner
Signature(s) on behalf of Other Business Entity:	-
Signature: Menuly agana	
Printed Name: Merrilee Agana	Title: Owner
Signature:	
Signature:Printed Name:	Title:
Signature	
Signature: Printed Name:	Title:
Signature: Printed Name:	Title:
Signature:Printed Name:	7734
Printed Name:	Time:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	· Officer.
If Directors or Officers have not been selected, an I	
If Florida General Partnership or Limited Liabil Signature of one General Partner.	ity Partnership:
If Florida Limited Partnership or Limited Liabil Signatures of ALL General Partners.	ity Limited Partnership:
All others: Signature of an authorized person.	
Fccs:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

Page 2 of 2

PERSONAL STATE OF THE STATE OF

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Merrilee Agana LLC (Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "J.J.C.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
463 Sherwood Oaks Dr Orange Park, FL 32073	463 Sherwood Oaks Dr Orange Park, FL 32073
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
Merrilee Agana Name	
463 Sherwood Oaks Dr	
Florida street address (P.O.	Box NOT acceptable)
Orange Park	FL 32073
City	Zip 5 5 5

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..

Page 1 of 2

(CONTINUED)

The name and address of each person Company:	,		
Title: "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager <u>Ma</u> nager	Merrilee Agana		
Warragor	463 Sherwood Oaks Dr		
	Orange Park FL 32073		
	•		
(Use attachment if necessary)			
TICLE V: Effective date, if other than the	date of filing: (OPTION be specific and cannot be more than five busines	s days	prior
TICLE V: Effective date, if other than the an effective date is listed, the date must lor 90 days after the date of filing.)	date of filing: (OPTION be specific and cannot be more than five busines	NAL) s days	prior
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