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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 7, 2014

THOMAS RIEGLER
111 E MONUMENT AVE SUITE 308
KISSIMMEE, FL 34741

SUBJECT: ARNOLD L. FIGUEROA, PL

Ref. Number: W14000041597

We have received your document for ARNOLD L. FIGUEROA, PL and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a professional limited liability company must contain CHARTERED, PROFESSIONAL LIMITED LIABILITY COMPANY, P.L.L.C. or PLLC.

The specific purpose of the entity must be set forth in the document.

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: 414A00014537

COVER LETTER

10:	Division of G	orporations		
SUBJ	ECT: ///	lold 1 ticu	erroa LLC of Resulting Florida Limite	
		(Name	of Resulting Florida Limite	d Company)
				d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please	return all corre	espondence concerning	g this matter to:	
	Thomas	Contact Person) Lieclar, LL		•
+	-i Guerra	1 Rieclar LL	c	
				_
	11 B. M.	orsament Ac	k. Suite 30	P
K	Schume CE	(Address) FL 347 City, State and Zip Code)	141	
	figueraa Q haif Address: (to b	City, State and Zip Code) L'SUCHAFICE/CL e used for future annual re	Jaw. Cey port notifications)	
	rther information	on concerning this ma		
7	homas L.)	Picales	at (407) 30	50 - 5955
	(Name of Conta	ct Person)	at (407) 3 ((Area Code) (Day	rtime Telephone Number)
Enclo	sed is a check for	or the following amou	int:	
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles unization)	□\$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
STRE	ET ADDRESS	S:	MAILING A	ADDRESS:
_	ration Section		Registration 5	
	on of Corporati	ons	Division of C	
	n Building Executive Cente	er Circle	P. O. Box 632 Tallahassee, 1	
-001	Colli	J	i ananasott, i	LE CECT

Tallahassee, FL 32301

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles 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.

(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			
04/28/2003 (Enter state, or it a non-U.S. entity, the na	me of the	countr	- y)
(date of organization, formation or incorporation)			
3. The name of the Florida Limited Liability Company as set forth in the attached Article	s of Or	ganiz	ation:
Arnold L. Figueroa PLLC			
(Enter Name of Florida Limited Liability Company)			
4. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to date of receipt or filed date nor more than 9 date this document is filed by the Florida Department of State; AND 2) must be the sedate listed in the attached Articles of Organization, if an effective date is listed therein	ame as t		
	13.	14,	
5. The plan of conversion has been approved in accordance with ss. 605.1041-605.1046.	100	,	

Signature of Authorized Representative of Lim	ited Liability Company:		
Signature of Authorized Representative:			
Printed Name: Arnold L. Figueroa	Fitle: Managing Member	_	
Signature(s) on behalf of Other Business Entity.	 See below for required signature(s).		
Signature: Printed Name: Arnold L. Figueroa	Title: Member	_	
Filmed Name. Arriold L. Figuelpa	Title. Wember	_	
Signature:			
Printed Name:	Title:	-	
Signature:			
Signature: Printed Name:	Title:	_	
Si-matuma.			
Signature: Printed Name:	Title:	-	
Signature:Printed Name:	TP' d	-	
Printed Name:	Title:	_	
Signature:		- Jakan San	
Printed Name:	Title:	-	10r 71
If Florida Corporation:			
Signature of Chairman, Vice Chairman, Director, or	Officer.	1	
If Directors or Officers have not been selected, an Ir	ncorporator must sign.	s." W	PH
If Florida General Partnership or Limited Liabil	ity Dartnarchin	:	(1)
Signature of one General Partner.	ity i artifersing.		1.1 ÷€
			t-
If Florida Limited Partnership or Limited Liabil Signatures of <u>ALL</u> General Partners.	ity Limited Partnership:		
All others: Signature of an authorized person.			

20<u>14</u>

Signed this 14th day of July

Fees:

Articles of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Organization:

Page 2 of 2

\$25.00

\$125.00

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Arnold L. Figueroa PLLC			
	Liability Company, "L.L.C.," or "LLC.")		
ADDICE DE LA LLEGA			
ARTICLE II - Address: The mailing address and street address of the mailing address ad	the principal office of the Limite	d Liability Company is:	
Principal Office Address:	Mailing Address:		
111 E. Monument Ave	111 E. Monument Ave		
Suite 308	Suite 308		
Kissimmee, FL 34741	Kissimmee, FL 34741		
The name and the Florida street address of Arnold L. Figueroa	f the registered agent are: Name	14 JUL 17	
111 E. Monument A	ve, Suite 308	[] [] [] [] [] [] [] [] [] []	
	(P.O. Box NOT acceptable)		
Kissimmee	FL 34741	(
City	Zip		
Having been named as registered agent of liability company at the place designate registered agent and agree to act in this constantes relating to the proper and compacted the obligations of my position.	ited in this certificate, I hereby acc capacity. I further agree to compl plete performance of my duties, ar	cept the appointment as ly with the provisions of a nd I am familiar with and	7.

(CONTINUED)

Page 1 of 2

'AMBR" = Authorized Member 'MGR" = Manager AMBR	Name and Address: Arnold L. Figueroa 111 E. Monument Ave., Suite 308 Kissimmee, FL 34741	- - - -
AMBR	111 E. Monument Ave., Suite 308	- - - -
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fective date is listed, the date must be sp	of filing: (OPTIC ecific and cannot be more than five businessing	ess days
days after the date of filing.)	in the state of th	د
LE VI: Other provisions, if any.	<u></u>	F
e of entity is to provide legal services.	<u> </u>	
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REQUIRED SIGNATURE:		ي پي
NEOUINED SIGNATURE.		-t-
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	n authorized representative of a member.	
accordance with section 605.0203 (1) (b),	Florida Statutes, the execution of this docu	
accordance with section 605.0203 (1) (b), stitutes an affirmation under the penalties of	Florida Statutes, the execution of this document of perjury that the facts stated herein are true	e.
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Page 2 of 2