L14000/29473

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ · Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| · | | |
| | | |

Office Use Only



700262228887

08/04/14--01029--017 **125.00

700262228887 07/15/14--01024--012 **35.00

T4 AUG 18 AH IO: 31
SECRETARY OF STATE
TALLAHASSEE FI ORINA

AUG 1 9 2014'
T. HAMPTON

COVER LETTER

| Division of C | orporations | | |
|--|---|--|---|
| SUBJECT: THERE | SA M. SCHOBER, | LLC | |
| ochozer. | | of Resulting Florida Limite | ed Company) |
| | | | nd fees are submitted to convert an "Other coordance with s. 605.1045, F.S. |
| Please return all corre | espondence concernin | g this matter to: | |
| THERESA SCHOB | BER | | |
| | (Contact Person) | | |
| THERESA M. SCH | OBER LLC | | |
| | (Firm/Company) | | |
| 1902 FLORRIE CT | • | | |
| | (Address) | | |
| N FT MYERS, FL | 33917 | | |
| (0 | City, State and Zip Code) | | |
| TMSCHOBER@EA | ARTHLINK.NET | | |
| E-mail Address: (to be | e used for future annual re | port notifications) | |
| For further information | on concerning this ma | tter, please call: | |
| THERESA SCHOB | BER | at (| |
| (Name of Contact | et Person) | (Area Code) (Day | rtime Telephone Number) |
| Enclosed is a check for | or the following amou | int: | |
| \$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 | S: | MAILING A | |
| Registration Section | | Registration | |
| Division of Corporati Clifton Building | ons | Division of C P. O. Box 63 | |
| 2661 Executive Center | er Circle | Tallahassee, | |

Tallahassee, FL 32301

TO: Registration Section



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 6, 2014

THERESA SCHOBER 1902 FLORRIE CT N FT MYERS, FL 33917

SUBJECT: THERESA M. SCHOBER, LLC

Ref. Number: W14000046558

We have received your document for THERESA M. SCHOBER, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Tammy Hampton Regulatory Specialist III

Letter Number: 014A00016840



July 30, 2014

THERESA SCHOBER 1902 FLORRIE CT N FT MYERS, FL 33917

SUBJECT: THERESA M. SCHOBER, LLC

Ref. Number: W14000046558

We have received your document for THERESA M. SCHOBER, LLC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$115.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a CONVERSION INTO OTHER BUSINESS ENTITY, but your entity is a CONVERSION INTO FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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: 214A00016287

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 Statutes.

| 1. The name of the "Other Business Entity" immediate THERESA M. SCHOBER, INC P1200007096 | ely prior to the filing of the Articles of Conversion is: |
|---|---|
| (Enter Name of Other Busin | |
| 2. The "Other Business Entity" is a CORPORATION | 1 |
| (Enter entity type. Exa | ample: corporation, limited partnership, o, common law or business trust, etc.) |
| First organized, formed or incorporated under the laws | of FLORIDA |
| on 8/17/12 | (Enter state, or if a non-U.S. entity, the name of the country) |
| (date of organization, formation or incorporation) | |
| 3. The name of the Florida Limited Liability Company | as set forth in the attached Articles of Organization: |
| THERESA M. SCHOBER, LLC | |
| (Enter Name of Florida Limited Liab | oility Company) |
| 4. If not effective on the date of filing, enter the effective (The effective date: 1) cannot be prior to date of red date this document is filed by the Florida Departme date listed in the attached Articles of Organization, | ceipt or filed date nor more than 90 days after the nt of State; AND 2) must be the same as the effective |
| 5. The plan of conversion has been approved in accorda | ance with all applicable statutes. |

Page 1 of 2

14 AUG 18 AM 10: 31
SECRETARY OF STATE
TALL AHASSEE FLORIDA

| Signed this day of August | 20 <u>14</u> |
|---|--|
| Signature of Authorized Representati | ve of Limited Liability Company: |
| Signature of Authorized Representative: | Of the State of th |
| Printed Name: Theresa Schober | Title: Ambr |
| Signature(s) on behalf of Other Busines | s Entity: [See below for required signature(s).] |
| Signature: there has | 7 - |
| Printed Name: Theresa Schober | Title: President |
| Signature: | |
| Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |
| Signature: | |
| | Title: |
| If Florida Corporation: | |
| Signature of Chairman, Vice Chairman, D | |
| If Directors or Officers have not been sele- | cted, an Incorporator must sign. |
| If Florida General Partnership or Limit | ed Liability Partnership: |
| Signature of one General Partner. | |
| If Florida Limited Partnership or Limit Signatures of <u>ALL</u> General Partners. | ed Liability Limited Partnership: |
| All others: Signature of an authorized person. | |
| <u>Fees:</u> | |
| Articles of Conversion: | \$25.00 |

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

Page 2 of 2

\$125.00

\$30.00 (Optional) \$5.00 (Optional) 14 AUG 18 AM 10: 31
SECHETARY OF STATE
AND AMASSEE FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | |
|---|--|
| Theresa M. Schober, LLC (Must end with the words "Limited L | iability Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the principal offi | ice of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 1902 Florrie Court North Fort Myers, FL 33917 | 1902 Florrie Court North Fort Myers, FL 33917 |
| ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration. The name and the Florida street address of the registered a | egistered Agent. You must designate an individual or) gent are: |
| THERESA M. S Name | |
| 1902 FLORRIE Florida street address (P.O. Box M | NOT acceptable) |
| N, FT. MYSRS City | FL 33917 Zip |
| the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig | ice of process for the above stated limited liability company of the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in 605, F.S |
| | TAS: 7 |

(CONTINUED)

Page 1 of 2

14 AUG 18 AH 10: 31
SECRETARY OF STATE
SECRETARY OF STATE

| Theresa Schober 1902 Florrie Court North Fort Myers, FL 33917 Use attachment if necessary) V: Effective date, if other than the date of filing: tive date is listed, the date must be specific and cannot be more than five business days prior to or filing.) 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 documen 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.) THERESA M. SCHBER Typed or printed name of signee Filing Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agents of the state of the signature of the sign | ## 1902 Florrie Court North Fort Myers, FL 33917 E. V: Effective date, if other than the date of filing: | Theresa Schober 1902 Florrie Court North Fort Myers, FL 33917 V: Effective date, if other than the date of filing: | MGR" = Manager | Name and Address: |
|--|--|---|---|--|
| Theresa Schober 1902 Florrie Court North Fort Myers, FL 33917 Use attachment if necessary) V: Effective date, if other than the date of filing: | Theresa Schober 1902 Florrie Court North Fort Myers, FL 33917 EV: Effective date, if other than the date of filing: ctive date is listed, the date must be specific and cannot be more than five business days prior to or f filing.) EVI: Other provisions, if any. EVI: 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.) THERESA M. SCHBER. Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agents. | Theresa Schober 1902 Florrie Court North Fort Myers, FL 33917 See attachment if necessary) V: Effective date, if other than the date of filing: (OPTIONAL) ive date is listed, the date must be specific and cannot be more than five business days prior to onling.) VI: Other provisions, if any. EOUIRED 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 documen 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.) THEREM M. SCHOBER Typed or printed name of signee | | |
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