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| (Requestor's Name) |
| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| , , |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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| W14-71840 Sign |
| Office Use Only |



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EXAMPLER DEC 15 2014 John B. Whinrey ,
Garland W. Cravens, Jr.
David G. Harris*
*Board Certified Indiana Trust & Estate Lawyer



Bernard A. Frick (1910 - 1967) William D. Powell

(1927 - 1987)

November 11, 2014

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Quigley & Associates LLC

To Whom It May Concern:

Enclosed please find the original and one copy of a Cover Letter and Articles of Conversion with attached Articles of Organization of Quigley & Associates LLC for filing with your office. Also enclosed is a check in the amount of \$180 for the filing fee and certified copy fee.

Please return a file-marked copy of the Cover Letter and a certified copy of the Articles of Conversion with attached Articles of Organization to me in the enclosed self-addressed, stamped envelope.

If you have any questions, please feel free to call.

Sincerely,

David G. Harris

(812) 425-4687, Ext. 311

FRICK POWELL LLP

DGH:cle Enclosures

cc: Mr. and Mrs. Wayne J. Quigley (w/out encs.)

1 Data 01 - Corporate Quigley & Associates LEC/Letter to FL Secretary of State re Art of Conversion wpd

223 S.E. Second Street • PO Box 1200 Evansville, Indiana 47706 Phone: (812) 425-4687 • Facsimile: (812) 425-4690 • www.frickpowell.com



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 2, 2014

FRICK POWELL LLP DAVID G HARRIS, ATTORNEY P.O. BOX 1200 EVANSVILLE, IN 47706-1200

SUBJECT: QUIGLEY & ASSOCIATES LLC

Ref. Number: W14000071840

RECEIVED

14 DEC 12 AM 10: 00

9 VISION OF CONTORATION
SUBSEAU OF CONTORATION

We have received your document for QUIGLEY & ASSOCIATES LLC and your check(s) totaling \$180.00. 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.

Karen A Saly Regulatory Specialist II

Letter Number: 314A00025344

John B. Whinrey
Garland W. Cravens, Jr.
David G. Harris*
*Board Certified Indiana Trust & Estate Lawyer



Bernard A. Frick (1910 - 1967) William D. Powell (1927 - 1987)

December 9, 2014

Karen A. Saly, Regulatory Specialist II Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Quigley & Associates LLC

Ref. Number: W14000071840 Letter Number: 314A00025344

Dear Ms. Saly:

Pursuant to your request, enclosed please find the signed Articles of Conversion of Quigley & Associates LLC, and a copy of your letter dated December 2, 2014. Please return a certified copy of the Articles of Conversion with attached Articles of Organization to me in the enclosed self-addressed, stamped envelope.

If you have any question, please feel free to call.

Sincerely,

David G. Harris

(812) 425-4687, Ext. 311

FRICK-POWELL LLP

DGH:cle Enclosures

cc: Mr. and Mrs. Wayne J. Quigley (w/out encs.)

L\Data\01 - Corporate\Quigley & Associates LLC\Letter to FL Secretary of State re correction 12 09 14 wpd

223 S.E. Second Street • PO Box 1200 Evansville, Indiana 47706
Phone: (812) 425-4687 • Facsimile: (812) 425-4690 • www.frickpowell.com

COVER LETTER

| TO: Registration S Division of C | | | | |
|--|---|---------------------------------------|--------|---|
| SUBJECT: Quigley | & Associates LLC | | | |
| | (Name o | of Resulting Florida L | imited | (Company) |
| | | | | I fees are submitted to convert an "Other cordance with s. 605.1045, F.S. |
| Please return all corr | espondence concerning | g this matter to: | | |
| David G. Harris, at | torney | | | |
| | (Contact Person) | | | |
| Frick Powell LLP | | | | |
| | (Firm/Company) | | | |
| PO Box 1200 | | | | |
| | (Address) | _ | | |
| Evansville IN 4770 | 06-1200 | | | |
| | City, State and Zip Code) | | | |
| davidh@frickpowe | | | | |
| | oe used for future annual re | port notifications) | | |
| | | - | | |
| For further informat | ion concerning this ma | | | |
| David G. Harris | | _at (812) | 425- | -4687 x311 rtime Telephone Number) |
| (Name of Cont | act Person) | (Area Code) | (Day | rtime Telephone Number) |
| Enclosed is a check | for the following amou | ınt: | | |
| \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) | □\$155.00 Filing Fees and Certificate of Status | ■\$180.00 Filing I and Certified Copy | | ☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status |
| STREET ADDRES | SS: | MAILI | NG A | ADDRESS: |
| Registration Section | | Registra | | |
| Division of Corpora | tions | | | Corporations |
| Clifton Building 2661 Executive Cen | tor Cirolo | P. O. Be | | 27 FL 32314 |
| ZOOT EXCOUNTY COL | ici ciicie | i ailalla | ついてた、 | 11. フルフェブ |

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.

| 2. The "Other Business Entity" is | a limited liability company (Enter entity type. Example: corporation, limited partnership, |
|--|--|
| | general partnership, common law or business trust, etc.) |
| First organized, formed or incorpo | rated under the laws of Indiana |
| on February 1, 2011 (date of organization, formation or in | |
| (date of organization, formation or in | corporation) |
| 3. The name of the Florida Limite | d Liability Company as set forth in the attached Articles of Organization: |
| Quigley & Associates LLC | |
| (Enter Name | e of Florida Limited Liability Company) |
| | |
| 4. If not effective on the date of fi | ling, enter the effective date: January 1, 2015 |
| (The effective date: 1) cannot be date this document is filed by the | ling, enter the effective date: January 1, 2015 e prior to date of receipt or filed date nor more than 90 days after the e Florida Department of State; <u>AND</u> 2) must be the same as the effective es of Organization, if an effective date is listed therein.) |

Page 1 of 2

| | ··· | |
|---|--------------------------------------|---|
| Signed this 4th day of November | _ 20 <u>14</u> . | PILED |
| Signature of Authorized Representative of Limi | ted Liability Company: | '' UN C . |
| Signature of Authorized Representative: Printed Name: Wayne J. Quigley | _Title: Member | 2014 DEC 12 PM 1:38 TALLAHASSEE. FLORIDA |
| Signature(s) on behalf of Other Business Entity: [| See below for required signature(s). | ORIDA |
| Signature: Wayne 1. Outgley | Title: Member | |
| - // | | |
| Signature: Printed Name: | | |
| Signature: | | |
| Printed Name: | Title: | |
| Signature: | | |
| Signature:Printed Name: | _ Title: | |
| Signature: | | |
| Printed Name: | Title: | |
| Signature: | | |
| Printed Name: | _ Title: | |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc. | | |
| If Florida General Partnership or Limited Liabilit Signature of one General Partner. | y Partnership: | |
| If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners. | y Limited Partnership: | |
| All others: Signature of an authorized person. | | |
| Fees: | | |
| Articles of Conversion: Fees for Florida Articles of Organization: | \$25.00 \$125.00 | |

Certified Copy: Certificate of Status: \$30.00 (Optional)

\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | EFFECTIVE DATE |
|---|--|
| Quigley & Associates LLC | |
| (Must end with the words "Limited Liability | y Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the prin | ncipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 1667 Seabreeze Dr. Tarpon Springs, FL 34689 | 1667 Seabreeze Dr. Tarpon Springs, FL 3489 |
| The name and the Florida street address of the re Wayne J. Quigley Name | Box NOT acceptable) FL 34689 Zip |
| 1667 Seabreeze Dr. | でここ |
| Florida street address (P.O. | Box NOT acceptable) |
| Tarpon Springs | FL 34689 755 7 |
| City | Zip PRIL 38 |
| liability company at the place designated in tregistered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regions. | accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 605, F.S |

Page 1 of 2

| <u>Title:</u> "AMBR" = Authorized Memb | Name and Address: |
|--|---|
| "MGR" = Manager | ici |
| AMBR | Wayne J. Quigley |
| | 1007.0 |
| | Judi Quigley 1667 Seabreeze Dr. Judi Quigley 1667 Seabreeze Dr. Tarpon Springs FL 34689 |
| | 7 July 1 |
| AMBR | Judi Quigley |
| | 1667 Seabreeze Dr. |
| | Tarpon Springs FL 34689 |
| | E.C. |
| | |
| | |
| | |
| | 7-147 |
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| (Use attachment if necessary) | |
| • | |
| CLE V: Effective date, if other t | than the date of filing: <u>January</u> 1, 2015 . (OPTIONA |
| CLE V: Effective date, if other teffective date is listed, the date | than the date of filing: <u>January 1, 2015</u> . (OPTIONA e must be specific and cannot be more than five business d |
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| CLE V: Effective date, if other teffective date is listed, the date 0 days after the date of filing.) | e must be specific and cannot be more than five business d |
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| CLE V: Effective date, if other teffective date is listed, the date to days after the date of filing.) CLE VI: Other provisions, if any REQUIRED SIGNATURE: ** Signature of a maccordance with section 605.6 | nember or an authorized representative of a member. 0203 (1) (b), Florida Stalutes, the execution of this document |
| CLE V: Effective date, if other teffective date is listed, the date of days after the date of filing.) CLE VI: Other provisions, if any REQUIRED SIGNATURE: ** Signature of a number of a number of the date of | nember or an authorized representative of a member. 0203 (1) (b), Florida Stalutes, the execution of this document the penalties of perjury that the facts stated herein are true. |
| CLE V: Effective date, if other teffective date is listed, the date of days after the date of filing.) CLE VI: Other provisions, if any REQUIRED SIGNATURE: ** Signature of a nother accordance with section 605.00 institutes an affirmation under the days after that any false information are the section formation and the sectio | nember or an authorized representative of a member. 0203 (1) (b), Florida Stalutes, the execution of this document |
| ELE V: Effective date, if other to ffective date is listed, the date of days after the date of filing.) ELE VI: Other provisions, if any signature of a maccordance with section 605.4 matitutes an affirmation under the days after that any false information institutes a third degree felony and the first that the days are that any false information institutes a third degree felony and the days are that any false information institutes a third degree felony and the days are the date of the days after the date of the date of the days after the date of filing.) | nember or an authorized representative of a member. 0203 (1) (b), Rlorida Stalutes, the execution of this document the penalties of perjury that the facts stated herein are true. ution submitted in a document to the Department of State as provided for in s.817.155, F.S.) |
| CLE V: Effective date, if other to a service date is listed, the date of days after the date of filing.) CLE VI: Other provisions, if any service date of a none accordance with section 605 and accordance with section under the days after that any false information was a service date. | nember or an authorized representative of a member. 0203 (1) (b), Florida Stalutes, the execution of this document the penalties of perjury that the facts stated herein are true. ution submitted in a document to the Department of State as provided for in s.817.155, F.S.) |

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)