

L15000008932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

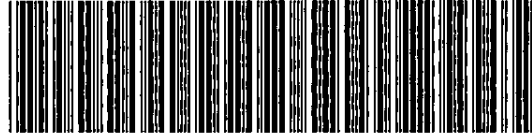
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SAVAGE KRIM, LLP

(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:

Gary C. Simons

(Contact Person)

Savage, Krim & Simons

(Firm/Company)

121 NW 3rd Street

(Address)

Ocala, FL 34475

(City, State and Zip Code)

gsimons@savagekrim.com

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

For further information concerning this matter, please call:

Gary C. Simons at (352) 732-8944

(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

January 12, 2015

GARY C SOMONS  
121 NW THIRD STREET  
OCALA, FL 34475-6640

SUBJECT: SAVAGE, KRIM & SIMONS, LLC  
Ref. Number: W15000002038

We have received your document for SAVAGE, KRIM & SIMONS, LLC and check(s) totaling \$25.00 of which \$25.00 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$125.00 due. 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.

You submitted the wrong type of form, proper forms are enclosed.

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

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.

Tim Burch  
Regulatory Specialist II

Letter Number: 415A00000588

# SAVAGE, KRIM & SIMONS

## Law Offices

SINCE 1921

121 NW THIRD STREET  
OCALA, FLORIDA 34475-6640

(352) 732-8944  
FAX (352) 867-0504

[www.savagekrim.com](http://www.savagekrim.com)

CHARLES A. SAVAGE (1898-1994)

OF COUNSEL  
FRED J. KRIM  
JOHN S. SIMONS

GARY C. SIMONS  
[gsimons@savagekrim.com](mailto:gsimons@savagekrim.com)

**VIA FEDERAL EXPRESS**

December 23, 2014

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: *Savage, Krim & Simons, PA Consent to establishing Savage, Krim & Simons, PLLC*

Gentlemen:

Enclosed with this letter please find the appropriate cover letter from your forms, along with the appropriate conversion documents to convert Savage Krim, LLP, a Florida Limited Liability Partnership to Savage, Krim & Simons, PLLC.

~~This letter further is intended to consent by Savage, Krim & Simons, PA to the use of the name, Savage, Krim & Simons, PLLC. The undersigned is the sole member of both Savage, Krim & Simons, PLLC and the sole shareholder in Savage, Krim & Simons, PA.~~

For appropriate reasons, I do not wish to terminate Savage, Krim & Simons, PA, but I do wish to consent to the conversion, formation and registration of Savage, Krim & Simons, PLLC. Although the names are very similar, they are intended to be separate entities and I hereby consent to that conversion.

If you have any questions, please do not hesitate to call me.

Also enclosed herewith is the Savage, Krim & Simons general account check in the amount of \$25.00 in payment of the appropriate fees.

Sincerely,



GARY C. SIMONS  
For the Firm

GCS/pab  
Enclosures

**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" immediately prior to the filing of the Articles of Conversion is:  
SAVAGE KRIM, LLP

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a Professional Limited Liability Company  
(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  
(Enter state, or if a non-U.S. entity, the name of the country)  
or December 30, 2002  
(date of organization, formation or incorporation)

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3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:  
SAVAGE, KRIM & SIMONS, PLLC  
(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: January 1, 2015  
(The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)

5. The plan of conversion has been approved in accordance with all applicable statutes.

Signed this 23rd day of December 2014.

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative: Gary C. Simons  
Printed Name: Gary C. Simons Title: Partner

**Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]**

Signature: Gary C. Simons  
Printed Name: Gary C. Simons Title: Manager

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida Corporation:**

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**All others:**

Signature of an authorized person.

**Fees:**

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

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TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

SAVAGE, KRIM & SIMONS, PLLC

(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:

121 NW 3rd Street  
Ocala, FL 34475

### Mailing Address:

121 NW 3rd Street  
Ocala, FL 34475

## 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:

Gary C. Simons

Name

121 NW 3rd Street

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

Ocala

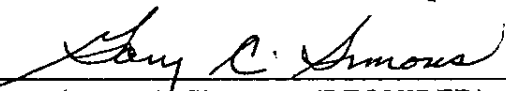
City

FL 34475

Zip

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TALLAHASSEE, FLORIDA

*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)

**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:**

Gary C. Simons

121 NW 3rd Street

Ocala, Florida 34475

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TALLAHASSEE, FLORIDA

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: January 1, 2015. (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.

Members must be licensed to practice law in Florida.

**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.)

Gary C. Simons

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)**