L15000011143

| (Re | questor's Name) | - |
|-------------------------|--------------------|--------------|
| (Ad | dress) | |
| (Ad | ldress) | |
| (Cit | ry/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL MAIL |
| (Bu | siness Entity Nar | ne) |
| (De | ocument Number) | |
| (DC | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only:



100267505381

12/19/14--01027--004 **150.00

SECRETARY OF STATE FALLAHASSEE, FLORIDA

2014 DEC 19 PM 4:

PEL-AC-

JAN 2 1 2015 T. HAMPTON

COVER LETTER

| TO: | Registration Section Division of Corporations | | |
|--------|--|----------------------|------------------------------------|
| SUBJ | ECT: | | |
| | Nan | ne of Limited Liabil | ity Company |
| Dear S | Sir or Madam: | | |
| The er | nclosed Articles of Domestication of a Non- | -U.S. Entity and | I fee(s) are submitted for filing. |
| Please | return all correspondence concerning this r | natter to the foll | owing: |
| Laura | a Demory | | |
| | Name of Person | | |
| Laura | a Demory, LLC | | |
| | Firm/Company | | |
| 8465 | i Insular Lane | | |
| | Address | | |
| Orlar | ndo, FL 32827 | | |
| | City/State and Zip Code | | |
| Laura | aDemoryLLC@gmail.com | | |
| | E-mail address: (to be used for future annual re | port notification) | |
| For fu | rther information concerning this matter, ple | ease call: | |
| Laura | a Demory | 678 | 852-6847 |
| | Name of Person | Area Code | Daytime Telephone Number |
| | | | |
| CORRE | TOTAL COLUMN A DESCRIPTION A D | B. | NC ADDDESS. |

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

FLORIDA DEPARTMENT OF STATE Division of Corporations

December 30, 2014

LAURA DEMORY 8465 INSULAR LN ORLANDO, FL 32827

SUBJECT: LAURA DEMORY, LLC Ref. Number: W14000076728

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

Only non-United States entities may become a domestic limited liability company at stated in section 605.1052, Florida Statutes. You may want to explore one of the conversion options. Please return to our website sunbiz.org to download the appropriate form.

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: 014A00027412

Hi Tammy,

Thank you for talking with me this morning. I would like to keep the original filing leffective date of January 1,2015.

Thank you!

Kind Regards, Jawa Demony Jawa Demony Jawa Demony Jan 9,2015

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.

| Laura Demory, LLC | liately prior to the filing of the Articles of Conversion is: |
|--|--|
| (Enter Name of Other B | Business Entity) |
| 2. The "Other Business Entity" is a LLC | · |
| (Enter entity type. | Example: corporation, limited partnership, ship, common law or business trust, etc.) |
| First organized, formed or incorporated under the la | ws of Alabama |
| on January 3, 2014 | (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 Comp | any as set forth in the attached Articles of Organization: |
| Laura Demory, LLC | |
| (Enter Name of Florida Limited | Liability Company) |
| 4. If not effective on the date of filing, enter the eff | ective 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 ment of State; <u>AND</u> 2) must be the same as the effective |
| 5. The plan of conversion has been approved in acco | ordance with all applicable statutes. |

Page 1 of 2

ZULL DEC 19 PH 4: 45

| Signed this 9th day of January | _ 20 <u>_ 2015</u> | | |
|---|--|--------------------------------------|--|
| Signature of Authorized Representative of Limit | | | |
| Signature of Authorized Representative: Printed Name: Laura Demory | Title: Owner | | |
| Signature(s) on behalf of Other Business Entity: [| See below for required signature(s). | 1 | |
| Signature: Saura Camory Printed Name: Authorized Signature | _ Title: | | |
| Signature:Printed Name: | Title: | | |
| Signature:Printed Name: | | | |
| | | | |
| Signature: Printed Name: | | | |
| 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: | | 2014 DEC 19 SECRETAR TALLAHASS | المدارة . ما ا |
| Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: | \$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional) | PA PA | estar salan gazaran gazaran g g g g g g g g g g g g g g g g g g g |
| | | 4: 45 STATE LORIDA | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | | | | | |
|--|------------------------------------|--|---|-------------------------------|----------------------------------|
| Laura Demory, LLC | | | | | |
| (Must end with the words "Limited Liability | y Company | v, "L.L.C.," or "LLC.") | | _ | |
| ARTICLE II - Address: The mailing address and street address of the printing address. | ncipal o | ffice of the Limited | Liability | Comp | any is: |
| Principal Office Address: | <u>Mailin</u> | g Address: | | | |
| 8465 Insular Lane | | nsular Lane | | _ | |
| Orlando, FL 32827 | Orland | do, FL 32827 | | _ | |
| 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 Laura Demory | red Agent. | You must designate an in | nt's Signa dividual or a | iture: nother | |
| Name | | | | | |
| 8465 Insular Lane Florida street address (P.O. | Box <u>NC</u> | OT acceptable) | | | |
| Orlando | FL | 32827 | | | |
| City | | Zip | | | |
| Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacity statutes relating to the proper and complete paccept the obligations of my position as regions. | this cert ty. I furt erforma | ificate, I hereby acce her agree to comply nce of my duties, and | ept the app with the p d I am fam | oointm provisi uiliar w | ent as ons of all vith and |
| Registered Agent's Signa | MOr ature (R | QUIRED) | TAL SO | 2011 | |
| (CONTINU | | | CRETARY | 2014 DEC 19 | Tanker in |
| Page 1 of | 2 | | mО | 70 | <u>(</u> - |

| The name and address of each personners: | son authorized to manage and control the | | · |
|--|--|--|------------|
| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: | | |
| "MGR" = Manager AMBR | Laura Demory | | |
| AIVIDIX | 8465 Insular Lane | | |
| | Orlando, FL 32827 | | |
| | | | |
| | ······································ | | |
| | | | |
| | | | |
| | | | |
| | | <u></u> | |
| | | | |
| | | | |
| | | | |
| ı effective date is listed, the date mu | the date of filing:January 1, 2015 | (OPTIONA n five business d | L) lays |
| ICLE V: Effective date, if other than effective date is listed, the date mu 90 days after the date of filing.) | the date of filing:January 1, 2015 | (OPTIONA n five business d | L) lays |
| ICLE V: Effective date, if other than effective date is listed, the date mu 90 days after the date of filing.) | the date of filing:January 1, 2015_ast be specific and cannot be more than | (OPTIONA n five business d | L) lays |
| ICLE V: Effective date, if other than effective date is listed, the date mu 90 days after the date of filing.) | the date of filing: | (OPTIONA n five business d | L) lays |
| ICLE V: Effective date, if other than a effective date is listed, the date mu 90 days after the date of filing.) ICLE VI: Other provisions, if any. | the date of filing:January 1, 2015 | (OPTIONA n five business d | L) lays |
| ICLE V: Effective date, if other than effective date is listed, the date mu 90 days after the date of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem | uradem Org | f a member. | lays |
| ICLE V: Effective date, if other than a effective date is listed, the date mu 90 days after the date of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605.020) | ura dem Ory aber or an authorized representative of 3 (1) (b), Florida Statutes, the execution | f a member. of this documen | lays |
| PICLE V: Effective date, if other than a effective date is listed, the date mu 90 days after the date of filing.) PICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605.020) constitutes an affirmation under the p | ist be specific and cannot be more than the company of the company | f a member. of this documen erein are true. | lays |
| ICLE V: Effective date, if other than a effective date is listed, the date mu 90 days after the date of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605.020) constitutes an affirmation under the pI am aware that any false information | ist be specific and cannot be more than the specific and cannot be more than submitted in a document to the Department of the Department is the specific and cannot be more than the specific and cannot be specificated and cannot be specific and cannot be specificated and cannot be spec | f a member. of this documen erein are true. | lays |
| ICLE V: Effective date, if other than a effective date is listed, the date mu 90 days after the date of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605.020) constitutes an affirmation under the pI am aware that any false information | ast be specific and cannot be more than the control of the control | f a member. of this documen erein are true. ment of State | lays |
| ICLE V: Effective date, if other than a effective date is listed, the date must 90 days after the date of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605.020) constitutes an affirmation under the plan aware that any false information constitutes a third degree felony as present the section of the provisions of the provisions of the provisions at third degree felony as present the provisions of the provision | ast be specific and cannot be more than the control of the control | f a member. of this documen erein are true. ment of State | lays |
| ICLE V: Effective date, if other than a effective date is listed, the date must 90 days after the date of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605.020) constitutes an affirmation under the p I am aware that any false information constitutes a third degree felony as present the section of the position of | ast be specific and cannot be more than the control of the control | f a member. of this documen erein are true. ment of State | lays |
| ICLE V: Effective date, if other than a effective date is listed, the date must 90 days after the date of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605.020) constitutes an affirmation under the p I am aware that any false information constitutes a third degree felony as present the section of the position of | ast be specific and cannot be more than the control of the control | f a member. of this document erein are true. ment of State | lays |
| ICLE V: Effective date, if other than a effective date is listed, the date mu 90 days after the date of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605.020) constitutes an affirmation under the p I am aware that any false information constitutes a third degree felony as property in the provision of the provis | aber or an authorized representative of 3 (1) (b), Florida Statutes, the execution denalties of perjury that the facts stated her submitted in a document to the Department of | f a member. of this documen erein are true. ment of State SECRETARY U ALLAHASSEE | lays |
| PICLE V: Effective date, if other than a effective date is listed, the date must 90 days after the date of filing.) PICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605.020) constitutes an affirmation under the pI am aware that any false information constitutes a third degree felony as property of Registered Agent. | ast be specific and cannot be more than the specific and cannot be more than the specific and cannot be more than the specific and statutes, the execution benalties of perjury that the facts stated he submitted in a document to the Department of | f a member. of this document are true. ment of State TALLAHASSEE. F | lays |
| ICLE V: Effective date, if other than a effective date is listed, the date mu 90 days after the date of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605.020) constitutes an affirmation under the p I am aware that any false information constitutes a third degree felony as property in the provision of the provis | ast be specific and cannot be more than the specific and cannot be more than the specific and cannot be more than the specific and statutes, the execution benalties of perjury that the facts stated he submitted in a document to the Department of the Department of the specific and submitted for in s.817.155, F.S.) Laura Demory Typed or printed name of signee Typed or printed name of signee Typed or printed name of signee | f a member. of this documen erein are true. ment of State SECRETARY TALLAHASSE | lays |