L15000039693

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
WHE	931	





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T. BROWN

COVER LETTER

Registration Section **Division of Corporations** Sonny Taylor Enterprises LLC (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: Melissa A. Taylor (Contact Person) Sonny Taylor Enterprises (Firm/Company) 1355 Saratoga St. Unit -C (Address) Deland, FL 32724 (City, State and Zip Code) missyt@cfl.rr.com E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call: Melissa A Taylor (Name of Contact Person) (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount: ■ \$150.00 Filing Fees □\$155.00 Filing Fees ☐\$180.00 Filing Fees □\$185.00 Filing Fees, (\$25 for Conversion and Certificate of and Certified Copy Certified Copy, and & \$125 for Articles Status Certificate of Status of Organization) STREET ADDRESS: MAILING ADDRESS:

SIKEEI ADDRESS.

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

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

INHS11 (02/14)



February 9, 2015

MELISSA A TAYLOR SONNY TAYLOR ENTERPRISES LLC 1355 SARATOGA ST UNIT C DELAND, FL 32724

SUBJECT: SONNY TAYLOR ENTERPRISES LLC

Ref. Number: W15000009314

We have received your document for SONNY TAYLOR ENTERPRISES 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):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Organization, if any.

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.

Teresa Brown Regulatory Specialist II

Letter Number: 415A00002644

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.

Sonny Taylor Enterprises Inc. (Enter Name of	Other Business Entity)
2. The "Other Business Entity" is a Corpora	ation
(Enter entit	y type. Example: corporation, limited partnership, partnership, common law or business trust, etc.)
First organized, formed or incorporated under	r the laws of Florida
10-17-1994	(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:
Sonny Taylor Enterprises LLC	
(Enter Name of Florida L	.imited Liability Company)
date this document is filed by the Florida I	the effective date: late of receipt or filed date nor more than 90 days after the Department of State; <u>AND</u> 2) must be the same as the effective nization, if an effective date is listed therein.)
5. The plan of conversion has been approved	in accordance with all applicable statutes.

Page 1 of 2

•	
Signed this 14th day of Jon	20_15
Signature of Authorized Representative of Limi	red Mability Company:
Signature of Authorized Representative: Mulissa A Taylor	Title: CEO
Signature(s) on behalf of Other Basiness Entity: Signature: Printed Name: Henry S. Taylor	See below for required signature(s).]
Signature:	
Printed Name: Henry S. Laylor	Title: PD
Signature: Nancy & Jeylon Printed Name: Nancy E Taylor	
Printed Name: Nancy E Taylor	Title: Director
Signature:Printed Name:	
Printed Name:	Title:
o: .	
Signature:Printed Name:	Title
Frinced Name:	
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy:	\$25.00 \$125.00 \$30.00 (Optional)
Certificate of Status:	\$5.00 (Ontional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

:
•
lity Company, "L.L.C.," or "LLC.")
rincipal office of the Limited Liability Company is:
Mailing Address:
1355 Saratoga Street
Unit - C
DeLand FL 32724
e nit - C D. Box NOT acceptable) FL 32724 Zip
o accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and elstered agent as provided for in Chapter 605, F.S

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Melissa A Taylor
 	1355 Saratoga Street Unit - C
	DeLand, FL 32724
AMBR	Henry S. Taylor
	1355 Saratoga Street Unit - C
·	DeLand, FL 32724
AMBR	Nancy E. Taylor
	1355 Saratoga Street Unit - C
	DeLand FL 32724
effective date is listed, the date r	an the date of filing: (OPTIONAl nust be specific and cannot be more than five business of the specific and the
CLE V: Effective date, if other tha	an the date of filing: (OPTIONAl nust be specific and cannot be more than five business of
CLE V: Effective date, if other the effective date is listed, the date roll days after the date of filing.) CLE VI: Other provisions, if any.	an the date of filing: (OPTIONAl nust be specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than the specific and cannot be mo
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CLE V: Effective date, if other the effective date is listed, the date is 00 days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me In accordance with section 605.02 onstitutes an affirmation under the am aware that any false informatic	mber or an authorized representative of a member. 203 (1) (5), Florida Statutes, the execution of this document on submitted in a document to the Department of State
CLE V: Effective date, if other the effective date is listed, the date of days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me In accordance with section 605.02 onstitutes an affirmation under the am aware that any false information onstitutes a third degree felony as	mber or an authorized representative of a member. 103 (1) (3), Florida Statutes, the execution of this document of penalties of perjury that the facts stated herein are true. 103 (2) (3) (4) (4) (5), Florida Statutes, the execution of this document of penalties of perjury that the facts stated herein are true. 103 (1) (2) (3) (3) (4) (4) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6
CLE V: Effective date, if other the effective date is listed, the date of days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me In accordance with section 605.02 onstitutes an affirmation under the am aware that any false information onstitutes a third degree felony as	mber or an authorized representative of a member. 203 (1) (5), Florida Statutes, the execution of this document on submitted in a document to the Department of State

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-

Page 2 of 2