1500044452

(F	Requestor's Name)	
(/	Address)	
(/	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(1)	Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions t	to Filing Officer:	
W/)-/WDY	

Office Use Only



000269616490

02/19/15--01013--015 **52.50

03/11/15--01028--015 **102.50

MIS MAR II PH 4: 40

WAR 1 2 2015

2565

Brenda Washington 11429 Patrico Loop Clermont, FL 34711 352.874.8387 c3bwashington@embargmail.com

March 5, 2015

(To: Deborah Bruce
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Conversion of Verocity Telecom Inc. to Verocity Telecom LLC.

Dear Deborah,

Thank you very much for taking the time with me today and helping us with our situation. Per your recommendation, enclosed is the appropriate paperwork to convert our Other Business Entity, Verocity Telecom, Inc., into a Florida Limited Liability Company, Verocity Telecom, LLC.

Also enclosed is a copy of the check already processed for \$52.50 along with a check for \$102.50 to total the \$155 required for the filing fee for Conversion, Articles for Organization and Certificate of Status.

If you have any questions or need any additional information, please contact me at 352/874-8387 or 352/989-2939.

Again, thank you for your time and excellent customer service!

Prenda Washington

Pund Washington

2015 MAR 11 PM 4: 40
SECREPARY OF STATE
SECREPARY SEE FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

March 5, 2015

BRENDA WASHINGTON 11429 PATRICIO LOOP CLERMONT, FL 34711

SUBJECT: VEROCITY TELECOM, LLC

Ref. Number: W15000016104

15 MAR 12 AV 10: 00

We have received your document for VEROCITY TELECOM, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The fees to file the Certificate of Conversion and Articles of Organization total \$150.00 (\$25 filing fee for the Certificate of Conversion, \$100 filing fee for the Articles of Organization, and \$25 for the Registered Agent Designation). Enclose an additional \$30 for each certified copy requested and an additional \$5 for each certificate of status requested.

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.

There is a balance due of \$97.50.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please tall (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 615A00004608

2015 HAR | | PH L: L

COVER LETTER

TO:	Registration S Division of C				
SUВЛ	ECT. VEROC	CITY TELECOM			
5015		(Name	of Resulting Florida	Limited Company)	
Busine	ss Entity" into		iability Company	on, and fees are submitted "in accordance with s. 605	
BREN	IDA WASHIN	GTON			
	, , , , , , , , , , , , , , , , , , ,	(Contact Person)			
		(Firm/Company)			
11429	PATRICO L	·		-	
		(Address)			
CLER	MONT, FLOR				
C3BW	-	City, State and Zip Code) N@EMBARQMAIL.(СОМ		
E-ma	ail Address: (to b	e used for future annual re	eport notifications)		
For fur	ther information	on concerning this ma	tter, please call:		
BREN	IDA WASHIN	GTON	at (352	₎ 874-8387	
	(Name of Conta	ct Person)		(Daytime Telephone Number))
Enclose	ed is a check for	or the following amou	ınt:		~ ~ ~
(\$25 for	0.00 Filing Fees Conversion for Articles nization)	\$155.00 Filing Fees and Certificate of Status	\$180.00 Filing and Certified Cop		MAR I I REJARY AHASSE
Registr Division Clifton 2661 E	ET ADDRESS ration Section on of Corporati Building executive Center assee, FL 3230	ons er Circle	Registra Division P. O. Bo	ation Section n of Corporations ox 6327 ssee, FL 32314	PH 4: 40

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 VEROCITY TELECOM, INC	of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a CORPORATION.	
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	
First organized, formed or incorporated under the laws of STATE OF FLORIDA	and the state of t
FEBRUARY 10, 2015 (Enter state, or if a non-U.S. entity, the name)	ne 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:
VEROCITY TELECOM, LLC.	
(Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date:	
(The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 date this document is filed by the Florida Department of State; <u>AND</u> 2) must be the said date listed in the attached Articles of Organization, if an effective date is listed therein.	me as the effective
5. The plan of conversion has been approved in accordance with all applicable statutes.	2015 HAR
Page 1 of 2	SSEE F
	SIME C

Signed this MARCH day of 5TH	20 <u>15</u> .			
Signature of Authorized Representative of Limi				
Signature of Authorized Representative: Printed Name: BRENDA WASHINGTON	_Title: MGRM			
Signature(s) on behalf of Other Business Entity: Signature: Bull a Work a				
Printed Name; Brenda Washington	Title: CEO			
Signature:	Title: President			
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 Off Directors or Officers have not been selected, an Inc.				
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty 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.			2015 H.	-17
Fees:		ETARY HASS	MAR I I	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	Y OF STATE	PĦ փ: կ(

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

y is:	
Liability Company, "L.L.C.," or "LLC.")	
ne principal office of the Limited l	Liability Company is:
Mailing Address:	
11429 PATRICO LOOP	
CLERMONT, FLORIDA 34711	
Registered Agent. You must designate an ind	ividual or another
lame	
·	
P.O. Box NOT acceptable)	
FL 34711	
Zip	
nd to accept service of process for ed in this certificate, I hereby accept a pacity. I further agree to comply vete performance of my duties, and is registered agent as provided for the state of the	ot the appointment as with the provisions of all I am familiar with and
	e principal office of the Limited I Mailing Address: 11429 PATRICO LOOP CLERMONT, FLORIDA 34711 ered Office, & Registered Agent Registered Agent. You must designate an indi the registered agent are: ame P.O. Box NOT acceptable) FL 34711 Zip and to accept service of process for ad in this certificate, I hereby acceptable pacity. I further agree to comply wester performance of my duties, and

	DT	1	17	TT.7
А	K I	IC	La La	IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager	BRENDA WASHINGTON	
MGRM	11429 PATRICO LOOP	· · · · · · · · · · · · · · · · · · ·
	CLERMONT, FL 34711	an all and a state of the state
	CLERIMONT, FL 34/11	
	· · · · · · · · · · · · · · · · · · ·	···
	d. ************************************	
		
		
		
(Use attachment if necessary)		
an effective date is listed, the date mus r 90 days after the date of filing.)	the date of filing:st be specific and cannot be more than	(OPTIONAL) five business days pr
n effective date is listed, the date must 90 days after the date of filing.)	the date of filing:st be specific and cannot be more than	
n effective date is listed, the date must 90 days after the date of filing.)	the date of filing: st be specific and cannot be more than	
n effective date is listed, the date must 90 days after the date of filing.) TICLE VI: Other provisions, if any.	the date of filing: st be specific and cannot be more than	
n effective date is listed, the date must 90 days after the date of filing.) FICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	May Warnugton	five business days pr
REQUIRED SIGNATURE: Signature of a member	St be specific and cannot be more than When the specific and cannot be more than When the specific and cannot be more than	five business days pr
REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.0203	May Warnugton	a member. of this document
REQUIRED SIGNATURE: Signature of a member	ber or an authorized representative of (1) (b), Florida Statutes, the execution of enalties of perjury that the facts stated he submitted in a document to the Department	a member. of this document trein are true. ent of State
REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.0203 constitutes an affirmation under the period of the date must be setting to the date of filing.)	ber or an authorized representative of (1) (b), Florida Statutes, the execution of enalties of perjury that the facts stated he submitted in a document to the Department	a member. of this document trein are true. ent of State
REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.0203 constitutes an affirmation under the performation as constitutes a third degree felony as pro-	ber or an authorized representative of (1) (b), Florida Statutes, the execution of enalties of perjury that the facts stated he submitted in a document to the Department ovided for in s.817.155, F.S.)	a member. of this document trein are true. ent of State
REQUIRED SIGNATURE: Signature of a member	ber or an authorized representative of (1) (b), Florida Statutes, the execution of enalties of perjury that the facts stated he submitted in a document to the Department ovided for in s.817.155, F.S.)	a member. of this document trein are true. ent of State
REQUIRED SIGNATURE: Signature of a member	ber or an authorized representative of (1) (b), Florida Statutes, the execution of enalties of perjury that the facts stated he submitted in a document to the Department ovided for in s.817.155, F.S.)	a member. of this document trein are true. ent of State
REQUIRED SIGNATURE: Signature of a member	ber or an authorized representative of (1) (b), Florida Statutes, the execution of enalties of perjury that the facts stated he submitted in a document to the Department ovided for in s.817.155, F.S.)	a member. of this document crein are true. ent of State
REQUIRED SIGNATURE: Signature of a member	ber or an authorized representative of (1) (b), Florida Statutes, the execution of enalties of perjury that the facts stated he submitted in a document to the Department of t	a member. of this document trein are true. ent of State
REQUIRED SIGNATURE: Signature of a member	ber or an authorized representative of (1) (b), Florida Statutes, the execution of enalties of perjury that the facts stated he submitted in a document to the Department ovided for in s.817.155, F.S.)	a member. of this document trein are true. ent of State ASSEE F
REQUIRED SIGNATURE: Signature of a member	the specific and cannot be more than the specific and cannot be more than the property of the control of the co	a member. of this document trein are true. ent of State ASSEE F
REQUIRED SIGNATURE: Signature of a member	per or an authorized representative of (1) (b), Florida Statutes, the execution of enalties of perjury that the facts stated he submitted in a document to the Department of t	a member. of this document crein are true. ent of State