L15000094700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only

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05/29/15--01018--001 **155.00

FILED
15 MAY 29 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section
Division of Corporations

**SUBJECT:** Academic Behavioral Consulting & Sleep Education, 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:

Michael Hoffman, PhD, NCSP
(Contact Person)

Academic Behavioral Consulting & Sleep Education, LLC
(Firm/Company)

10 White Dove Lane
(Address)

Palm Coast, Florida 32164
(City, State and Zip Code)

drhoffman@cfbc2225.com
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Michael Hoffman, PhD, NCSP at (386) 864-4394
(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

**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:
Academic Behavioral Consulting & Sleep Education, LLC
(Enter Name of Other Business Entity)

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 incorporated under the laws of Oklahoma
(Enter state, or if a non-U.S. entity, the name of the country)
on 10-19-2011.
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization:**
Academic Behavioral Consulting & Sleep Education, LLC
(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: 6-1-2015.
**(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.



FILED
15 MAY 29 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signed this 25th day of May 20 15.

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

Signature of Authorized Representative: M Hoffman, PhD, NCSP
Printed Name: Michael Hoffman, PhD, NCSP Title: Owner

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

Signature: Michele Hoffman, RPSGT
Printed Name: Michele Hoffman, RPSGT Title: Co-owner

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) |

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**
The name of the Limited Liability Company is:

Academic Behavioral Consulting & Sleep Education, LLC
(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:**

10 White Dove Lane
Palm Coast, Florida 32164

**Mailing Address:**

10 White Dove Lane
Palm Coast, Florida 32164

**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:

Michael Hoffman, PhD, NCSP
Name

10 White Dove Lane
Florida street address (P.O. Box **NOT** acceptable)

Palm Coast FL 32164
City Zip

*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..*

M Hoffman, PhD, NCSP
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 | **Name and Address:** |
|---|---|
| AMBR | Michael Hoffman, PhD, NCSP<br>10 White Dove Lane<br>Palm Coast, FL 32164 |
| AMBR | Michele Hoffman RPSGT<br>10 White Dove Lane<br>Palm Coast, FL 32164 |
| | |

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 6-1-2015. (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.

**REQUIRED SIGNATURE:**

M Hoffman, PhD, NCSP

**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.)

Michael Hoffman, PhD, NCSP

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)**