

#L15000103942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

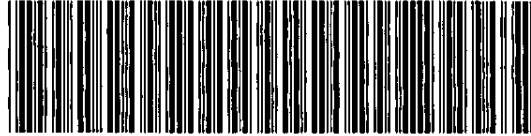
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W15-36553 PL

Office Use Only



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05/19/15--01013--007 **150.00

FILED
2015 JUN 15 AM 10:37
CLERK OF COURT
TALLAHASSEE, FL 32301

K. SALY
EXAMINER
JUN 17 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
15 JUN 15 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 22, 2015

ERRICK BENSON PEART
LAW OFFICES OF OLIVIA S. BENSON, ESQ., P
301 ARTHUR GODFREY RD, STE. 502
MIAMI BEACH, FL 33140

SUBJECT: OFFICES OF OLIVIA S. BENSON, ESQ., P.L.
Ref. Number: W15000036553

We have received your document for OFFICES OF OLIVIA S. BENSON, ESQ., P.L. and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a professional limited liability company must contain CHARTERED, PROFESSIONAL LIMITED LIABILITY COMPANY, P.L.L.C. or PLLC.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 515A00010922

Law Offices of Squires Benson, P.L.
Attorneys and Counselors at Law

www.squiresbenson.com

GILBERT K. SQUIRES, P.E., ESQ.^{1, 2, 3, 4, 5, 7, 8, 9, 10, 11}
BOARD CERTIFIED — INTERNATIONAL LAW
e-mail: gilbertsquires@squiresbenson.com

OLIVIA S. BENSON, ESQ.^{1, 5, 6}
e-mail: oliviabenson@squiresbenson.com

ERRICK S. BENSON PEART, ESQ.^{1, 12}
e-mail: errickbensonpeart@squiresbenson.com

¹Admitted — Florida

²Admitted — District of Columbia

³Admitted — United States Supreme Court

⁴Admitted — U.S. Court of Appeals for the Eleventh Circuit

⁵Admitted — U.S. District Court Southern District of Florida

⁶Admitted — U.S. District Court Middle District of Florida

⁷Admitted — U.S. Bankruptcy Court Southern District of Florida

⁸Professional Engineer — State of Texas

⁹Arbitrator — American Arbitration Association

¹⁰International Business and Energy Arbitrator — ICDR

¹¹Title Agent — The Fund

¹²Of Counsel

*** PLEASE DIRECT ALL CORRESPONDENCE TO THE MIAMI-DADE ADDRESS LISTED BELOW.**

June 2, 2015

VIA CERTIFIED MAIL
RETURN RECEIPT #: 7014 2120 0001 8736 7964

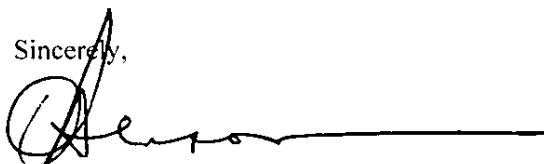
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Offices of Olivia S. Benson, Esq., P.L.
Corrected Articles of Conversion
Ref. Number W15000036553

Dear Sir or Madam:

Our office received your letter indicating the name of our professional limited liability company must contain CHARTERED, PROFESSIONAL LIMITED LIABILITY COMPANY, P.L.L.C OR PLLC. We have made the necessary corrections, and are resubmitting the documents. The original check sent with the first letter was not returned, so we presume that you have kept the check on file. If you have any concerns, I can be reached at (305) 575-2400.

Sincerely,



Olivia S. Benson, Esq.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Offices of Olivia Benson, Esq., P.L.

(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:

Errick Benson Peart

(Contact Person)

Law Offices of SquiresBenson P.L.

(Firm/Company)

301 Arthur Godfrey Road, Suite 502

(Address)

Miami Beach, FL 33140

(City, State and Zip Code)

errickbensonpeart@squiresbenson.com

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

For further information concerning this matter, please call:

Errick Benson Peart

305

575-2400

at (

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	<input type="checkbox"/> \$155.00 Filing Fees and Certificate of Status	<input type="checkbox"/> \$180.00 Filing Fees and Certified Copy	<input type="checkbox"/> \$185.00 Filing Fees, Certified Copy, and Certificate of Status
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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

via certified mail
receipt No.: 7014 2120 0001 8736 7926

Articles of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

FILED
2015 JUN 15 AM 10:37
CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA

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:
Offices of Oliva S. Benson, Esq., P.A.

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a Professional Association/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 Florida
on 1/1/2004 (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**:

Offices of Olivia S. Benson, Esq., P.L.L.C.

(Enter Name of Florida Limited Liability Company)

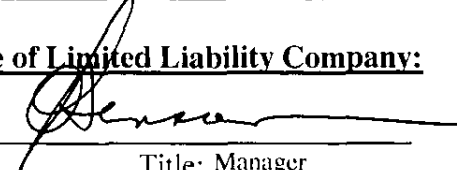
4. If not effective on the date of filing, enter the effective date: _____.
(The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Signed this 2 day of June 20 15.

Signature of Authorized Representative of Limited Liability Company:

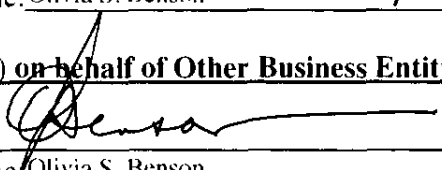
Signature of Authorized Representative: 

Printed Name: Olivia S. Benson

Title: Manager

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TALLAHASSEE, FLORIDA

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

Signature: 

Printed Name: Olivia S. Benson

Title: President

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:

Offices of Olivia S. Benson, Esq., P.L.L.C.

(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:

Huntington Square III
3350 S.W. 148th Ave., Suite 110
Miramar, FL 33027-3237

Mailing Address:

Huntington Square III
3350 S.W. 148th Ave., Suite 110
Miramar, FL 33027-3237

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:

Olivia S. Benson

Name

Huntington Square III, 3350 SW 148th Ave., Suite 110
Florida street address (P.O. Box **NOT** acceptable)

Miramar FL 33027-3237
City Zip

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2015 JUN 15 AM 10:37
TALLAHASSEE, FL 32301

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:

Olivia S. Benson

3350 S.W. 148th Ave., Suite 110

Miramar, FL 33027-3237

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

N/A

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0205 (3), 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.)

Olivia S. Benson

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)