L15000 118226

(Re	questor's Name)	
•		
(Ad	dress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer	
Special instructions to	riing Onicer.	





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SECRETARY OF STATE TALLAHASSEE, FLORIDA

711-15 0

COVER LETT

_	tion Section of Corporations		·		
	·	JER REPORTING LLC			
SUBJECT:		e of Resulting Florida Limite	ed Company)		
The enclosed A Business Entity	rticles of Conversion, Arti " into a "Florida Limited L	cles of Organization, ar Liability Company" in a	nd fees are submitte ccordance with s.	ed to convert a 605.1045, F.S	an "Other
Please return all	correspondence concerni	ng this matter to:			
EVELYN MOREL	L				
•	(Contact Person)			,	
VALUE TAX PRE	EP.				
	(Firm/Company)			÷	
902 W LUMSDEN	I RD STE 106				•
	(Address)				
BRANDON FL 33	511				
	(City, State and Zip Code)	 			
EVELYN@VALU	IETAXPREP.COM				
E-mail Address	to be used for future annual r	eport notifications)			
For further infor	mation concerning this ma	atter, please call:			
EVELYN MOREL	.L	at (813) 4.	44-4466		
(Name of	Contact Person)		ytime Telephone Num	ber)	
Enclosed is a ch	eck for the following amo	unt:			
\$150.00 Filing (\$25 for Conversio & \$125 for Articles of Organization)	n and Certificate of	□\$180.00 Filing Fees and Certified Copy	□\$185.00 Filing For Certified Copy, and Certificate of Status		
STREET ADD Registration Sec		MAILING A			
Division of Cor		Registration Division of O			
Clifton Building	2	P. O. Box 63	•		
2661 Executive	Center Circle	Tallahassee,	FL 32314		

Tallahassee, FL 32314

Tallahassee, FL 32301

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.

DUER REPORTING INC γγ (Enter N	Name of Other Business Entity)		
2. The "Other Business Entity" is a	CORPORATION		
	nter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)		
First organized, formed or incorporate	d under the laws of		
08/01/2014	(Enter state, or if a non-U.S. entity, the name o	of the country)	
(date of organization, formation or incorp-	oration)		
DUER REPORTING LLC	ability Company as set forth in the attached Articles of	f Organizatio	n:
(Enter Name of F	Florida Limited Liability Company)		
date this document is filed by the Flo date listed in the attached Articles of	or to date of receipt or filed date nor more than 90 deprida Department of State; AND 2) must be the same f Organization, if an effective date is listed therein.) but meet the applicable statutory filing requirements, this date will not	as the effect	
5. The plan of conversion has been app	proved in accordance with all applicable statutes.	JUL -9	TARY
	Page 1 of 2	AM 9: 11	OF STATE

Signed this 06 day of JUNE	20_15
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative:	Title: PRESIDENT
Signature(s) on behalf of Other Business Entity:	
	•
Signature: Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In-	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	•
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
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:		
DUER REPORTING LLC		
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:	•	
The mailing address and street address of the pri	ncipal office of the Limited Liability	y Company is:
		· · · · · · · · · · · · · · · · · · ·
Principal Office Address:	Mailing Address:	
12323 HEALEY SUMMIT LANE	12323 HEALEY SUMMIT LANE	
RIVERVIEW FL 33579	RIVERVIEW FL 33579	
ARTICLE III - Registered Agent, Registered	Office & Registered Agent's Sign	ıgtııre:
(The Limited Liability Company cannot serve as its own Registe		another 200
business entity with an active Florida registration.)		5
The name and the Florida street address of the re	egistered agent are:	JUL -
VALUE TAX	(PREP	-9
Name		OF STAT
		9 85
902 W LUMSDEN RD STE 106	D. NOT.	- Qm
Florida street address (P.O.	Box NOT acceptable)	
BRANDON	FL 33511	
City	Zip	
Harrier Land and Land and Land		
Having been named as registered agent and to liability company at the place designated in		
registered agent and agree to act in this capacit		
statutes relating to the proper and complete p		
accept the obligations of my position as regi	istered agent as provided for in Chap	oter 605, F.S
Registered Agent's Signa	ature (REQUIRED)	

Page 1 of 2

(CONTINUED)

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	,
MGR	KRISTEN M'DUER
	12323 HEALEY SUMMIT LANE
,	RIVERVIEW FL 33579
•	
	•
•	
)
effective date is listed, the date mu O days after the date of filing.)	the date of filing: (OPTIONAL ust be specific and cannot be more than five business date the applicable statutory filing requirements, this date will not be lie
CLE V: Effective date, if other than effective date is listed, the date multiple of the date of filing.)	ust be specific and cannot be more than five business date the applicable statutory filing requirements, this date will not be like
CLE V: Effective date, if other than effective date is listed, the date multiple of the date of filing.) If the date inserted in this block does not multiple of the Department of St.	ust be specific and cannot be more than five business date the applicable statutory filing requirements, this date will not be like
CLE V: Effective date, if other than effective date is listed, the date multiple of the date of filing.) If the date inserted in this block does not multiple of the Department of St.	ust be specific and cannot be more than five business date the applicable statutory filing requirements, this date will not be like
CLE V: Effective date, if other than effective date is listed, the date me 0 days after the date of filing.) If the date inserted in this block does not ment's effective date on the Department of State CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	eet the applicable statutory filing requirements, this date will not be lieute's records.
CLE V: Effective date, if other than effective date is listed, the date me 0 days after the date of filing.) If the date inserted in this block does not ment's effective date on the Department of State CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a ment of the date of the provision of the date of the provision of the pro	neet the applicable statutory filing requirements, this date will not be like ate's records. There or an authorized representative of a member. 205 (3), Florida Statutes, the execution of this document benalties of perjury that the facts stated herein are true in submitted in a document to the Department of State.
CLE V: Effective date, if other than effective date is listed, the date me 0 days after the date of filing.) If the date inserted in this block does not ment's effective date on the Department of Standard Stand	neet the applicable statutory filing requirements, this date will not be like ate's records. There or an authorized representative of a member. 205 (3), Florida Statutes, the execution of this document benalties of perjury that the facts stated herein are true in submitted in a document to the Department of State.

Page 2 of 2

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

ARTICLE IV-