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COVER LETTER

| | gistration Section vision of Corporations | |
|----------------|---|--|
| SUBJECT: | The Furniture Doctors | of Central Florida, L.L.C |
| | | l Liability Company |
| | | |
| The enclose | ed Articles of Organization and fee(s) are su | bmitted for filing. |
| Please return | n all correspondence concerning this matter | to the following: |
| _ | Joanne Dow | |
| | , | Jame of Person |
| | | |
| | | of Central Florida, L.L.C. |
| | I | Firm/Company |
| | 5241 Kenilworth Blvd., | Suite 8 |
| • | | Address |
| | | |
| - | Sebring, FL 33870 | |
| | City/ jimjodyd@gmail.com | State and Zip Code |
| _ | | |
| | E-mail address: (to be used for | future annual report notification) |
| For further in | formation concerning this matter, please cal | It: |
| | | |
| | Joanne Dow at (86) | 3) 414-7388 |
| | Name of Person Area | Code Daytime Telephone Number |
| | | |
| Enclosed is | a check for the following amount: | |
| \$125.00 Fil | Certificate of Status | \$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | |
| | Mailing Address | Street Address |
| | New Filing Section Division of Corporations | New Filing Section Division of Corporations |
| | P.O. Box 6327 | Clifton Building |
| | Tallahassee, FL 32314 | 2661 Executive Center Circle |
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RICHARD T. DAWSON 3100 82ND WAY NORTH SAINT PETERSBURG, FLORIDA 33710-2222

August 24, 2015

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

Re: The Furniture Doctors of Central Florida, LLC.

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 in this matter to:

Richard T. Dawson 3100 82nd Way North Saint Petersburg, Florida 33710-2222 rdawson4@tampabay.rr.com

For further information concerning this matter, please call:

Richard T. Dawson at (727)344-1733

Enclosed is a check in the amount of \$185.00 for Filing Fees, Certified Copy, and Certificate of Status.

Very truly yours,

Richard T Dayson

Enclosures



September 2, 2015

RICHARD T. DAWSON 3100 82ND WAY NORTH ST PETERSBURG, FL 33710-2222

SUBJECT: THE FURNITURE DOCTORS OF CENTRAL FLORIDA LLC.

Ref. Number: W15000058294

We have received your document for THE FURNITURE DOCTORS OF CENTRAL FLORIDA LLC. and your check(s) totaling \$185.00. 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.

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) 245-6052.

Letter Number: 015A00018576

Teresa Brown Regulatory Specialist II

www.sunbiz.org

James and Joanne Dow 5241 Kenilworth Blvd., Suite 8 Sebring, Florida 33870 (863) 414-7388

15 OCT 15 AM 9: 46

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October 9, 2015

New Filing Section Division of Corporations ATTN: Theresa Brown P. O. Box 6327 Tallahassee, FL 32314

Re: Effective Date for The Furniture Doctors of Central Florida, L.L.C.

Dear Ms. Brown:

Enclosed are the Letters of Intention regarding "The Furniture Doctors of Central Florida, Inc.", the form letters regarding the request for a new business filing under the name "The Furniture Doctors of Central Florida, L.L.C.".

If you recall our conversation, you said not to send in any more money regarding this matter as a check was sent in September for \$187.50, cashed, but rejected. Therefore, I am not sure what the effective date should be.

Please feel free to contact me at 863-414-7388 if you have any questions.

Thank you so much for your assistance.

Cordially,

Joanne Dow

Note: Also enclosed is the "Cover Letter,"

James and Joanne Dow 5241 Kenilworth Blvd., Suite 8 Sebring, Florida 33870 (863) 414-7388

October 9, 2015

New Filing Section Division of Corporations ATTN: Theresa Brown P. O. Box 6327 Tallahassee, FL 32314

Re: Letter of Intention

Please acknowledge this as our Letter of Intent to create "The Furniture Doctors of Central Florida, L.L.C".

We will not be reinstating "The Furniture Doctors of Central Florida, Inc." and in fact releasing the name to be used.

Thank you for your assistance.

Cordially,

Joanne Dow Secretary-Treasurer

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | s of Central Florida, L.L.C. |
|--|--|
| The Furniture Doctor | s of Central Florida, L.L.C. |
| (Must end with the words "Limited Liabil | lity Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the principal office of | Confidence (O) |
| Principal Office Address: | Mailing Address: |
| 5241 Kenilworth Blvd, Ste. 8 Sebring, FL 33870 | 8 5241 Kenilworth Blvd., Suite 8 Sebring, FL 33870 |
| (The Limited Liability Company cannot serve as its own Regist another business entity with an active Florida registration.) The name and the Florida street address of the registered agent | |
| Joanne Dow Nam | e |
| 4508 Duffer I | loop |
| Florida street address (P.O. | |
| Sebring, FL | 33872 |
| City | State Zip |
| Having been named as registered agent and to accept service of p place designated in this certificate, I hereby accept the appointme further agree to comply with the provisions of all statutes relating am familiar with and accept the obligations of my position as regi | ent as registered agent and agree to act in this capacity. I to the proper and complete performance of my duties, and I |

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

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| Title: | Name and Address: |
|---|---|
| "AMBR" = Authorized Member | |
| "MGR" = Manager MGR | Joanne Dow |
| | 4508 Duffer Loop |
| | Sebring, FL 33872 |
| AMBR | James Dow |
| | 4508 Duffer Loop |
| | Sebring, FL 33872 |
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| (Use attachment if necessary) | (ODTIONAL) |
| CLE V: Effective date, if other than the date of filing: ffective date is listed, the date must be specific and e of filing.) If the date inserted in this block does not meet the | applicable statutory filing requirements, this date will not be list |
| CLE V: Effective date, if other than the date of filing: ffective date is listed, the date must be specific and e of filing.) | d cannot be more than five business days prior to or 90 days a applicable statutory filing requirements, this date will not be list |
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| SLE V: Effective date, if other than the date of filing: ffective date is listed, the date must be specific and e of filing.) If the date inserted in this block does not meet the cument's effective date on the Department of State's CLE VI: Other provisions, if any. REQUIRED SIGNATURE: | d cannot be more than five business days prior to or 90 days a applicable statutory filing requirements, this date will not be list is records. |
| CLE V: Effective date, if other than the date of filing: ffective date is listed, the date must be specific and e of filing.) If the date inserted in this block does not meet the cument's effective date on the Department of State' CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of This document is executed in act I am aware that any false informs | d cannot be more than five business days prior to or 90 days a applicable statutory filing requirements, this date will not be list |
| CLE V: Effective date, if other than the date of filing: ffective date is listed, the date must be specific and e of filing.) If the date inserted in this block does not meet the cument's effective date on the Department of State' CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of This document is executed in act I am aware that any false informs | applicable statutory filing requirements, this date will not be list is records. r an authorized representative of a member. cordance with section 605.0203 (1) (b), Florida Statutes. ation submitted in a document to the Department of State as provided for in s.817.155, F.S. |

ARTICLE IV-

Page 2 of 2

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)