L15000210843

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
:		

Office Use Only



000279963700

12/14/15--01007--021 **185.00

15 DEC 14 PH 3: 18

mp 12/23

COVER LETTER

TO: Registration S Division of Co				
SUBJECT: TITLE GO	JRU'S, LLC			
	(Name o	of Resulting Florida	Limited	(Company)
				I fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return all corre	spondence concerning	g this matter to:		
Elizabeth R. Jones				
	(Contact Person)			
TITLE GURU'S, LLC				
	(Firm/Company)			
313 Tamarak Trail				
	(Address)			
Greensburg, PA 15601				
(0	City, State and Zip Code)			
libbychristopher@hotma	il.com			
E-mail Address: (to be	e used for future annual rep	port notifications)		
For further information	on concerning this mat	tter, please call:		
Elizabeth R. Jones		_at (⁷²⁴	691-7	138
(Name of Conta	et Person)			time Telephone Number)
Enclosed is a check for	or the following amou	nt:		
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$155.00 Filing Fees and Certificate of Status	\$180.00 Filing and Certified Copy		\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS Registration Section Division of Corporati Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons er Circle	Registra Division P. O. Bo	ntion S n of Co ox 632	orporations

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 Busines TITLE GURU'S, LLC	ss Entity" immediately prior to the filing of the Articles of Conversion is:
(En	ter Name of Other Business Entity)
2. The "Other Business Entity" is	a
·	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorpor	rated under the laws of Pennsylvania (Enter state, or if a non-U.S. entity, the name of the country)
on 06/01/2008 (date of organization, formation or inc	
-	d Liability Company as set forth in the attached Articles of Organization:
(Enter Name	of Florida Limited Liability Company)
(The effective date: 1) cannot be date this document is filed by the date listed in the attached Article	ling, enter the effective date: 01/01/2016 prior to date of receipt or filed date nor more than 90 days after the Florida Department of State; AND 2) must be the same as the effective es of Organization, if an effective date is listed therein.) es not meet the applicable statutory filing requirements, this date will not be listed as the ent of State's records.
5. The plan of conversion has been	approved in accordance with all applicable statutes.

Page 1 of 2

15 DEC
.E.
PH 3:
ලා

Signed this <u>07</u>	_ day of _December	20_15	
Signature of Author	ized Representative of	Limited Liability Company:	
Signature of Authoriz	ed Representative:	Ulm	
Printed Name: Elizabet	h R. Jones	Title: Member-Manager	-
_		tity: [See below for required signature(s)]	
Signature:	11m		-
Printed Name: Elizabeth	n R. Jones	Title: Member-Manager	-
Signature:			
Printed Name:		Title:	-
			•
Signature:			-
Printed Name:		Title:	-
Signature:			
Printed Name:		Title:	-
Signature:		Title:	-
rimed Name;		Tiue:	-
Signature:			_
Printed Name:		Title:	
tem II o			
If Florida Corporation		on on Officer	
	, Vice Chairman, Directo	or, or Officer. an Incorporator must sign.	
II Directors of Officers	nave not been selected,	an incorporator must sign.	
If Florida General Pa	rtnership or Limited L	iability Partnership:	
Signature of one Gene	ral Partner.		
If Florido I imited De	nananahin an Iimiand I	:_b:li4Y ::4a_d Db:	
Signatures of <u>ALL</u> Ge		iability Limited Partnership:	
All others:			
Signature of an authori	zed person.		
Fees:			

Articles of Conversion:

Certificate of Status:

Fees for Florida Articles of Organization: Certified Copy:

Page 2 of 2

\$25.00

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liabil	lity Company is	s:	
			·
TITLE GURU'S, LLC			<u> </u>
(Must end with the	words "Limited Liab	oility Company, "L.L.C.," or "LLC.")	
ADDICE DE LA ALL.			2
ARTICLE II - Address: The mailing address and street	address of the	oringinal office of the Limited	Liability Company io
the maning address and street	address of the	ormerpar office of the Emilied	Liability Company is.
Principal Office Address:		Mailing Address:	<u>₩</u>
		-	<u> </u>
455 Andrews Ave.		455 Andrews Ave.	<u> </u>
Delray Beach, FL 33483	<u>_</u>	Delray Beach, FL 33483	
			<u> </u>
The name and the Florida street Elizabeth R.	t address of the		
	Nan	ne	
455 Andrews	Ave.		
Florida str	eet address (P.	O. Box NOT acceptable)	
Delray Beach		FL 33483	
	City	Zip	
liability company at the plo registered agent and agree to statutes relating to the prope accept the obligations of n	ace designated act in this capa er and complete my position as re	to accept service of process for in this certificate, I hereby acceptive. I further agree to comply performance of my duties, and egistered agent as provided for	pt the appointment as with the provisions of all I I am familiar with and
Registe	red Agent's Sig	gnature (REQUIRED)	

(CONTINUED)

Page 1 of 2

Title:	Name and Address:		15
"AMBR" = Authorized Member		i i	5 8
"MGR" = Manager AMBR	Elizabeth R. Jones		
AMBR	455 Andrews Ave.	*17	
	Delray Beach, FL 33483		
	Dellay Beach, FL 33463		- P
AMBR	Purnel L. Jones, Jr.	-	င့္
	455 Andrews Ave.		
	Delray Beach, FL 33483		<u> </u>
			-
			-
			-
			-
			_
•	e date of filing: 01/01/2016	. (OPTIC	ONAL
(Use attachment if necessary) CLE V: Effective date, if other than the effective date is listed, the date must days after the date of filing.) The date inserted in this block does not meet it's effective date on the Department of State. CLE VI: Other provisions, if any.	be specific and cannot be more the the applicable statutory filing requirements	an five busine	ess da
CLE V: Effective date, if other than the effective date is listed, the date must days after the date of filing.) the date inserted in this block does not meet t's effective date on the Department of State?	be specific and cannot be more the the applicable statutory filing requirements so records.	an five busine	ess da
LE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.) the date inserted in this block does not meet t's effective date on the Department of State. LE VI: Other provisions, if any. REQUIRED SIGNATURE;	the applicable statutory filing requirements's records.	nan five busine	t be lis
LE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.) the date inserted in this block does not meet t's effective date on the Department of State. LE VI: Other provisions, if any. REQUIRED SIGNATURE:	the applicable statutory filing requirements's records.	of a member.	t be lis
LE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.) the date inserted in this block does not meet as effective date on the Department of State. LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of the document is executed in a I am aware that any false inform	the applicable statutory filing requirements's records. er or an authorized representative accordance with section 605,0203 (1) (b), Fination submitted in a document to the Department of the	of a member.	t be lis
ELE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.) the date inserted in this block does not meet t's effective date on the Department of State. ELE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of the document is executed in a I am aware that any false inform	the applicable statutory filing requirements's records. er or an authorized representative accordance with section 605,0203 (1) (b), F	of a member.	t be lis

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

ARTICLE IV-

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)
Page 2 of 2

Filing Fees