# 15000211487

(Requestor's Name)
(Address)
. ,
(Address)
(City/State/Zip/Phone #)
_
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Enuty Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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15 DEC 15 AM 11: 36

EFFECTIVE DATE <u>01/01/16</u>

10/08/15

## **COVER LETTER**

TO:	Registration S Division of C				
SUBJ	ECT: J.E. SK	ELLY ENTERPRISE	ES, L.L.C.		
ОСБ			of Resulting Florida	Limite	d Company)
					d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please	return all corre	espondence concernin	g this matter to:		
DEB	ORAH SKELL	Υ			
		(Contact Person)			
J.E. 9	SKELLY ENTE	ERPRISES, L.L.C.			
		(Firm/Company)			
6447	GOLDEN LE	AF CT.			
		(Address)			
LAKE	WOOD RANG	CH, FL 34202			
	((	City, State and Zip Code)			
debo	rah@jeskelly.	com			
E-n	nail Address: (to b	e used for future annual re	port notifications)		
For fu	rther information	on concerning this ma	tter, please call:		
DEB	ORAH SKELL	Υ	_at (229	251-	3066
	(Name of Conta	et Person)	(Area Code)	(Day	time Telephone Number)
Enclo	sed is a check f	or the following amou	int:		
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles mization)	□S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Regist Divisi Clifto 2661	cet Address tration Section on of Corporation Building Executive Center tassee, FL 3230	ons er Circle	Registra Divisio P. O. B	ution S n of C ox 632	orporations

INHS11 (02/14)

### 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.

J.E. SKELLY ENTERPRISES, L.L.C.  (MID - 602-098) (Enter Name of Other	Ediately prior to the filing of the Articles of Conversion is:  Business Entity)
2. The "Other Business Entity" is a LIMITED LIA	ABILITY COMPANY
(Enter entity type	Example: corporation, limited partnership, ership, common law or business trust, etc.)
First organized, formed or incorporated under the	laws of GEORGIA
on NOVEMBER 9, 2009 (date of organization, formation or incorporation)	(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 Com	pany as set forth in the attached Articles of Organization:
·	pany as set forth in the attached Articles of Organization:
3. The name of the Florida Limited Liability Com J.E. SKELLY ENTERPRISES, L.L.C.  (Enter Name of Florida Limited	· · · · · · · · · · · · · · · · · · ·
J.E. SKELLY ENTERPRISES, L.L.C.  (Enter Name of Florida Limited)  4. If not effective on the date of filing, enter the element of the effective date: 1) cannot be prior to date of the effective date: 1) cannot be prior to date of the effective date: 1)	I Liability Company)  Iffective date: 1-1-16  of receipt or filed date nor more than 90 days after the rement of State; AND 2) must be the same as the effective

Page 1 of 2

SECRETARY OF STATE
ALVISION OF CORPORATIONS

1

Signed this _ qu day of _ Dec \	_20_15
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: Printed Name: JOHN E. SKELLY, III	Title: AMBRIMGR
Signature(s) on behalf of Other Business Entity:	See below for required signature(s).]
Signature:	Title: AMBRIMGR
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 If Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
<u>If Florida Limited Partnership or Limited Liabili</u> Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	;
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	$\Gamma IC$	LE	1 -	Na	nie:

r 🗩

The name of the Limited Liability Company is:

### J.E. SKELLY ENTERPRISES, 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:** 

**Mailing Address:** 

6447 GOLDEN LEAF CT.

LAKEWOOD RANCH, FL 34202

6447 GOLDEN LEAF CT. LAKEWOOD RANCH, FL 34202

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:

**DEBORAH SKELLY** 

Name

6447 GOLDEN LEAF CT.

Florida street address (P.O. Box NOT acceptable)

LAKEWOOD RANCH

ET 34202

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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ARTICLE IVThe name and address of each person authorized to manage and control the Limited Liability Company:

"AMBR" = Authorized Member "MGR" = Manager		
"N/H dV" = Manager		
AMBR/MGR	IOHNE SKELLY III	
AWBRINGR	JOHN E. SKELLY, III 6447 GOLDEN LEAF CT.	
	LAKEWOOD RANCH, FL 34202	
	LAKEWOOD KANOIT, 1 E 34202	
		<u> </u>
	•	
Mary Control of the C		<del></del>
•		
	Marin grant of the control of the co	<del></del>
(Use attachment if necessary)		
REQUIRED SIGNATURE:		
	4 111	
John Ell	MyIII	
Signature of a member	or an authorized representative of a member	er.
Signature of a member in accordance with section 605.0203 (1) onstitutes an affirmation under the penal	or an authorized representative of a member (b), Florida Statutes, the execution of this docties of perjury that the facts stated herein are to	ument rue.
Signature of a member in accordance with section 605.0203 (1) onstitutes an affirmation under the penal arm aware that any false information sub	or an authorized representative of a member (b), Florida Statutes, the execution of this docties of perjury that the facts stated herein are transitted in a document to the Department of Sta	ument rue.
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