

L16000051089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

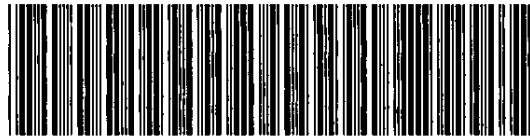
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

16 MAR 15 AM 7:34

APPROVAL
AND
FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ELLA AND EVELYNN'S LLC
(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:

EMILY BAKER

(Contact Person)

ELLA AND EVELYNN'S

(Firm/Company)

3759 GLENCOVE AVE.

(Address)

JACKSONVILLE, FL 32205

(City, State and Zip Code)

ELLAANDEVELYNNNS@GMAIL.COM

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

For further information concerning this matter, please call:

EMILY BAKER

(Name of Contact Person)

at (904) 556-2257

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization)

☐ \$155.00 Filing Fees
and Certificate of
Status

☐ \$180.00 Filing Fees
and Certified Copy

☐ \$185.00 Filing Fees,
Certified Copy, and
Certificate of Status

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

RECEIVED
16 MAR 15 AM 9:15
SOCIETY OF AMERICAN
ENGINEERS

MRS. HERRING,

* We spoke on the phone on 3/10. Please file as a new LLC and disregard the conversion application. With the \$150 we already sent, please use \$125 for the regular filing, \$5 for the copy of Certificate of Status, and you can refund the other \$20. If you have any question feel free to call me at 865-466-8655. Thank you!

Andrew Baker

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ELLA ANDEVELYN'S LLC

(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:

3759 GLENCOVE AVE

JACKSONVILLE, FL 32205

3759 GLENCOVE AVE

JACKSONVILLE, FL 32205

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:

ANDREW BAKER

Name

3759 GLENCOVE AVE

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

JACKSONVILLE

FL

32205

City

Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 MAR 15 AM 7:34

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AND
FILED

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:

APPROVED
AND
FILED

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

16 MAR 15 AM 7:34

Emily Baker
3159 Glencove Avenue
Jacksonville, FL 32205

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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.

REQUIRED SIGNATURE:

Emily Baker

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Emily Baker

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)