

L16000080012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

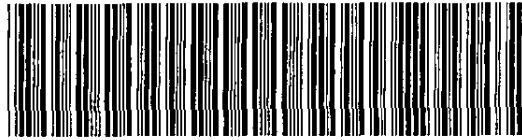
Special Instructions to Filing Officer:

Office Use Only

W1600004638

APR 26 2016

T. SCOTT



900280666799

01/06/16--01003--016 \*\*150.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 APR 21 AM 8:00



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 7, 2016

LYNN BARWELL  
PATRICK & ROBINSON  
4029 ATLANTIC BLVD  
JACKSONVILLE, FL 32207

SUBJECT: CAREER SHIFT, LLC  
Ref. Number: W16000004638

We have received your document for CAREER SHIFT, LLC and your check(s) totaling \$150.00. 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.

Tyrone Scott  
Regulatory Specialist II

Letter Number: 216A00004655

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Career Shift, 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:

13827 Tortuga Point Drive  
Jacksonville, FL 32225

### Mailing Address:

13827 Tortuga Point Drive  
Jacksonville, FL 32225

## 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:

Mark Matta

Name

13827 Tortuga Point Drive

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

Jacksonville

FL 32225

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 APR 21 AM 8:00

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

**Name and Address:**

Mark Matta

13827 Tortuga Point Drive

Jacksonville, FL 32225

Kenneth Podor

12416 Daisy Place

Bradenton, FL 34212

(Use attachment if necessary)

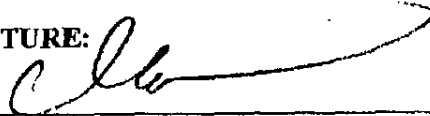
**ARTICLE V:** Effective date, if other than the date of filing: January 1, 2016. (OPTIONAL)

(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:**



**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.

Mark Matta

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)**

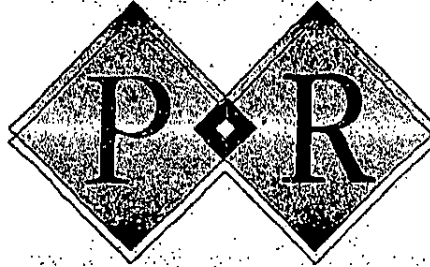
**Partners**

Mark R. Patrick, CPA  
Adam M. Robinson, CPA

**Principal**

John J. Petherbridge, CPA

**PATRICK & ROBINSON**



[www.CPAsite.com](http://www.CPAsite.com)

[Office@CPAsite.com](mailto:Office@CPAsite.com)

Phone: 904-396-5400

Fax: 904-396-9226

**CERTIFIED PUBLIC ACCOUNTANTS**

March 25, 2016

Division of Corporations  
Attention: Tyrone Scott  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Career Shift, LLC

Dear Mr. Scott:

Thank you for your assistance when we spoke on the phone earlier this month.

Per your guidelines I have enclosed:

- Letter Number 216A00004655 which you sent to me in early March
- Notice of Withdrawal of Certificate of Authority for our client
- Letter of assurance from our client that he has no intention of revoking his dissolution of the foreign entity, and a request to use the moneys already paid to cover the cost of the Notice of Withdrawal and the filing of Articles to set up the domestic entity
- Articles of Organization to form a domestic entity
- The copy of the original documents (I'm thinking you don't need these but don't want to exclude them and subsequently find that was the wrong thing to do)

When we talked on the phone you advised me you would file the Notice of Withdrawal and then file the Articles of Organization. Should you need any further information I can be reached at 904-396-5400 or [Lynn@CPAsite.com](mailto:Lynn@CPAsite.com).

Respectfully,

(Mrs.) Lynn Barwell  
Office Manager

4029 Atlantic Boulevard, Jacksonville, Florida 32207 • 6000-A Sawgrass Village Circle, Suite 1, Ponte Vedra Beach, Florida 32082

Member: AICPA • FICPA • Jacksonville Regional Chamber of Commerce • Small Business Resource Network  
Patrick & Robinson, LLC

**PATRICK & ROBINSON**



**Partners**

**Mark R. Patrick, CPA**  
**Adam M. Robinson, CPA**

**Principal**

**John J. Petherbridge, CPA**

[www.CPAsite.com](http://www.CPAsite.com)

[Office@CPAsite.com](mailto:Office@CPAsite.com)

Phone: 904-396-5400

Fax: 904-396-9226

**CERTIFIED PUBLIC ACCOUNTANTS**

March 25, 2016

Division of Corporations  
Attention: Tyrone Scott  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Career Shift, LLC

Dear Mr. Scott:

Thank you for your assistance when we spoke on the phone earlier this month.

Per your guidelines I have enclosed:

- Letter Number 216A00004655 which you sent to me in early March
- Notice of Withdrawal of Certificate of Authority for our client
- Letter of assurance from our client that he has no intention of revoking his dissolution of the foreign entity, and a request to use the moneys already paid to cover the cost of the Notice of Withdrawal and the filing of Articles to set up the domestic entity
- Articles of Organization to form a domestic entity
- The copy of the original documents (I'm thinking you don't need these but don't want to exclude them and subsequently find that was the wrong thing to do)

When we talked on the phone you advised me you would file the Notice of Withdrawal and then file the Articles of Organization. Should you need any further information I can be reached at 904-396-5400 or [Lynn@CPAsite.com](mailto:Lynn@CPAsite.com).

Respectfully,

(Mrs.) Lynn Barwell  
Office Manager

4029 Atlantic Boulevard, Jacksonville, Florida 32207 · 6000-A Sawgrass Village Circle, Suite 1, Ponte Vedra Beach, Florida 32082

Member: AICPA · FICPA · Jacksonville Regional Chamber of Commerce · Small Business Resource Network  
Patrick & Robinson, LLC