

L16000138824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

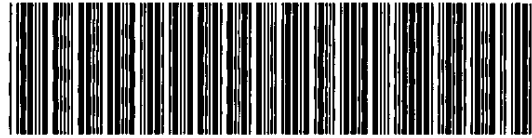
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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600286557976

06/07/16--01028--007 **185.00

600-45091

16 JUL 18 AM 9:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

*TLH
7/27/16*



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 24, 2016

COLIN B. ROMINE
11773 FOREST PARK CIRCLE
BRADENTON, FL 34211

SUBJECT: C.B. ROMINE & ASSOCIATES LLC
Ref. Number: W16000045091

RECEIVED
16 JUL 18 PM 4:29
TALLAHASSEE, FLORIDA

We have received your document for C.B. ROMINE & ASSOCIATES 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):

The Certificate of Conversion must be signed by an authorized person.

(SIGNATURE IS MISSING ON BEHALF OF OTHER BUSINESS ENTITY).

You must attach or include the articles of organization for the new Florida limited liability company.

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.

TANYA L HENDERSON
Regulatory Specialist II

Letter Number: 516A000133

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16 JUL 18 AM 9:22
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: C.B. ROMINE & ASSOCIATES, 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:

COLIN B. ROMINE

(Contact Person)

C.B. ROMINE & ASSOCIATES, LLC

(Firm/Company)

11773 FOREST PARK CIRCLE

(Address)

BRADENTON, FLORIDA 34211

(City, State and Zip Code)

cdromine11@gmail.com

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

COLIN B. ROMINE

C.B. ROMINE & ASSOCIATES, LLC

P.O. Box 110262

(MAILING ADDRESS)

LAKEWOOD RANCH, FLORIDA 34211

(CITY, STATE AND ZIP CODE)

For further information concerning this matter, please call:

COLIN ROMINE

(Name of Contact Person)

at (301)

(Area Code)

379-7306

(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

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 Business Entity" immediately prior to the filing of the Articles of Conversion is:
C.B. ROMINE & ASSOCIATES LLC
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a LLC
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of VIRGINIA
on MAY 26TH 2015
(date of organization, formation or incorporation) (Enter state, or if a non-U.S. entity, the name of the country)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:
C.B. ROMINE & ASSOCIATES, LLC
(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: _____.

(The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the date this document is filed by the Florida Department of State; **AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.**)

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.

5. The plan of conversion has been approved in accordance with all applicable statutes.

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16 JUL 18 AM 9:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Signed this 1ST day of JUNE 2016.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: C. Brad Romine
Printed Name: COLIN B. ROMINE Title: SOLE MEMBER

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature: C. Brad Romine
Printed Name: COLIN B. ROMINE Title: GENERAL MANAGER

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 Officer.
If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized person.

Fees:

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

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16 JUL 18 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

C.B. ROMINE & ASSOCIATES, 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:

11773 FOREST PARK CIRCLE
BRADENTON
FLORIDA 34211

Mailing Address:

P.O. Box 110262
LAKEWOOD RANCH
FLORIDA 34211

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:

C. B. ROMINE

Name

11773 FOREST PARK CIRCLE

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

BRADENTON

City

FL 34211

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..

C.B. Romine

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE FLORIDA

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

Name and Address:

COLIN ROMINE
11773 FOREST PARK CIRCLE
BRADENTON, FL. 34211

(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:

C. B. Romine
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.

COLIN B. ROMINE

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)

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16 JUL 18 AM 9:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA



IRS Department of the Treasury
Internal Revenue Service

OGDEN UT 84201-0038

In reply refer to: 0458697950
May 31, 2016 LTR 147C 0
47-4132093 000000 00

00011021

BODC: SB

CB ROMINE & ASSOCIATES LLC
COLIN B ROMINE SOLE MBR
PO BOX 110262
BRADENTON FL 34211



020795

Employer identification number: 47-4132093

Dear Taxpayer:

Thank you for your inquiry of May 19, 2016.

Your employer identification number (EIN) is 47-4132093. Please keep this letter in your permanent records. Enter your name and EIN on all federal business tax returns and on related correspondence.

You can get any of the forms or publications mentioned in this letter by calling 1-800-TAX-FORM (1-800-829-3676) or visiting our website at www.irs.gov/formspubs.

If you have questions, you can call us toll free at 1-800-829-0115.

If you prefer, you can write to us at the address at the top of the first page of this letter.

When you write, include this letter and provide in the spaces below, your telephone number with the hours we can reach you. Keep a copy of this letter for your records.

Telephone number () _____ Hours _____

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16 JUL 18 AM 9:22
SECRETARY OF FLA
TALLAHASSEE FLORIDA