

L16000/65956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

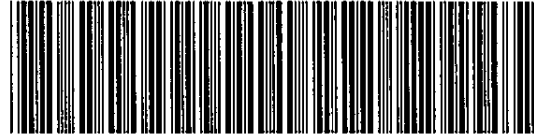
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

only file LLC Articles.
Disregard Conversion.

Office Use Only



300288466703

08/01/16--01011--016 **150.00

16 AUG 26 PM 5:04

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

m

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MATrix FINANCIAL and TAX SERVICES 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:

LOUBERT TELCY
(Contact Person)

MATrix financial and TAX SERVICES LLC
(Firm/Company)

3749 South Congress Ave
(Address)

LAKE WORTH, FL 33461
(City, State and Zip Code)

louprimac80@yahoo.com
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

LOUBERT TELCY at (561) 452-2408
(Name of Contact Person) (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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 AUG 25 PM 5:04



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

16 AUG 26 AM 11:04

August 16, 2016

LOUBERT TELCY
3749 SOUTH CONGRESS AVE
LAKE WORTH, FL 33461

SUBJECT: MATRIX FINANCIAL AND TAX SERVICES
Ref. Number: W16000056901

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 AUG 26 PM 5:04

We have received your document for MATRIX FINANCIAL AND TAX SERVICES and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law does not allow a sole proprietorship to file a conversion. A sole proprietorship is a business owned and operated by one individual. As a sole proprietor, the one individual owner is responsible for making all of the business decisions and all of the debts of the business are considered to be the debts of the one individual owner, as well. The sole proprietorship may or may not conduct business under the one individual owner's legal name. Because the business and the individual are considered as one organization and need each other to co-exist from a legal perspective, a sole proprietorship is not considered a business entity and cannot, therefore, file a conversion under Florida law.

If your sole proprietorship is actually owned and operated by two or more individuals and those individuals serve in the capacity of a partner, your business may not be a sole proprietorship. Your business may meet the definition of a partnership in accordance with Chapter 620, Florida Statutes. Chapter 620, Florida Statutes, allows a partnership to file a conversion. However, the partnership must first file a statement of registration in accordance with section 620.8105, Florida Statutes.

We are enclosing a statement of registration should your business entity meet the criteria of a partnership and you wish to proceed with the conversion. Please note the fee to register a partnership is \$50. To proceed with the conversion, please correct your conversion documents to reflect your current business entity is a partnership and resubmit the conversion documents along with the enclosed registration statement and an additional fee of \$50.

This office strongly suggests that you seek legal advice concerning this matter.

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.

Matthew T Moon
Regulatory Specialist II

Letter Number: 216A00017325

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 AUG 26 PM 5:04

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MATRIX FINANCIAL AND TAX SERVICES LLC.

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LOUBERT TELCY

Name of Person

MATRIX FINANCIAL AND TAX SERVICES LLC.

Firm/Company

3749 SOUTH CONGRESS AVE

Address

LAKE WORTH, FL 33461

City/State and Zip Code

louprimec80@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOUBERT TELCY

561

452-2408

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing Fee

☒

\$130.00 Filing Fee &
Certificate of Status

☐

\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐

\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

16 AUG 26 PM 5:04

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MATRIX FINANCIAL AND TAX SERVICES 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:

3749 SOUTH CONGRESS AVE
LAKE WORTH, FL 33461

SAME

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:

LOUBERT TELCY

Name

985 MANOR DR APT 21C

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

LAKE WORTH

FL

33461

City

State

Zip

16 AUG 26 PM 5:04

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

LOUBERT TELCY
985 MANOR DR APT 21C
LAKE WORTH, FL 33461

AMBR

KATHY CHOULOUE
720 SUNNY PINE WAY APT E2
GREENACRES, FL 33415

AMBR

RICOT TELCY
985 MANOR DR APT 21C
LAKE WORTH, FL 33461

AMBR

SAINT JUSTE SILIEN
985 MANOR DR APT 21C
LAKE WORTH, FL 33461

16 AUG 26 PM 5:04

FILED
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:



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.

LOUBERT TELCY

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)