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Certificates	s of Status
Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO: Registration S Division of C				
SUBJECT: TEST PA	•			
50bjEC1	(Name o	of Resulting Florida Limited	l Company)	
			d fees are submitted to conve- ecordance with s. 605.1045, F	
Please return all corre	espondence concerning	g this matter to:		
PAUL LABINER, ESQ.				
<u>-                                      </u>	(Contact Person)	<u> </u>		
LAW OFFICE OF PAU	L LABINER			
	(Firm/Company)			
5499 NO. FEDERAL H	WY			
	(Address)			
BOCA RATON, FLORI	DA 33487			
	City, State and Zip Code)	<del></del>		
PAUL@PLABINERES	Q.COM			
E-mail Address: (to h	e used for future annual re	port notifications)		- 77
For further informati	on concerning this ma	tter, please call:		18 050 310
PAUL LABINER		at ( <sup>561</sup> ) <sup>998-2</sup>	2362	
(Name of Conta	act Person)	(Area Code) (Day	rtime Telephone Number)	(a) (a)
Enclosed is a check f	for the following amou	int:		# S
\$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	STATE SRIDA 9: 47
STREET ADDRES	S:	MAILING A	ADDRESS:	
Registration Section		Registration	Section	
Division of Corporat	tions	Division of C		
Clifton Building		P. O. Box 63	21	

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

### **Articles of Conversion**

For

# "Other Business Entity"

Into

# Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> 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:  TEST PASS ACADEMY, INC.  DIPPORT 10 7032
TEST PASS ACADEMY, INC. 01900010 2032 (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a CORPORATION
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
december 22, 2009 (Enter state, or it a non-U.S. entity, the name of the country)
on  (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
TEST PASS ACADEMY, 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.

Page 1 of 2

Signed this	day of <u>AUGUST</u>	20_16
Signature of Au	thorized Representative of Limi	ted Liability Company:
Signature of Autl	norized Representative:	
Printed Name: JAI	MES C.HIPPLE, JR.	Title:
Signature(s) on b	ehalf of Other Business Entity:	[See below for required signature(s)]
	// 1: . // //	
Signature:	Tella Alconero	
Printed Name: LII	JATALCONERO	Title: PRESIDENT
g: /	A Clan A	Title: VICE PRESIDENT
Signature:	MES C HIDDLE IB	Tid. VICE DESIDENT
Printed Name:	VES C. HIPPLE, JR.	Title: VICE PRESIDENT
Signature:		
Printed Name:		Title:
ramed rame		
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Signature:		Mil.1
Printed Name:		Title:
If Florida Corpo	mation:	
	rman, Vice Chairman, Director, or	Officer
	ficers have not been selected, an Inc	
n Directors or Or	neors have not been selected, an in-	corporator must sign.
If Florida Gener	al Partnership or Limited Liabili	ty Partnership:
Signature of one		
	<u>ed Partnership or Limited Liabili</u>	ty Limited Partnership:
Signatures of AL	L General Partners.	
All others:	di tadana	
Signature of an au	ithorized person.	
East		
Fees:		
Articles	of Conversion:	\$25.00
	Florida Articles of Organization:	\$125.00 \$125.00
Certified		\$30.00 (Optional)
	e of Status:	\$5.00 (Optional)
Cermical	o or status.	ψο.οο (Optional)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:	:	
TEST PASS ACADEMY, LLC		
(Must end with the words "Limited Liabil	lity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the p	rincipal office of the Limited Lia	ability Company is:
p		company is:
Principal Office Address:	<b>Mailing Address:</b>	
859 JEFFREY STREET	SAME AS PRINCIPAL OFFICE	
SUITE 409		
BOCA RATON, FLORIDA 33487		
(The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.)  The name and the Florida street address of the	•	lual or another
The limite and the Flexible (Moor Medicing of the	rogistorea agont are.	
JAMES HIPPLE		
Nam	e	
859 JEFFREY STREET, SUITE	E 409	
Florida street address (P.C		
BOCA RATON	FL 33487	
City	Zip	
Having been named as registered agent and t liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete accept the obligations of my position as re	n this certificate, I hereby accept to city. I further agree to comply with performance of my duties, and I a	the appointment as th the provisions of all ım familiar with and
1 / Mil	200	<del>5</del> 78
Registered Agent's Sig	nature (REQUIRED)	
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**ARTICLE IV-**

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

<u>Title:</u> "AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	JAMES C. HIPPLE, JR
	859 JEFFREY STREET, SUITE 409
	BOCA RATON, FLORIDA 33487
AMBR	LILA M. ALCONERO
	859 JEFFREY STREET, SUITE 409
	BOCA RATON, FLORIDA 33487
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	e mine.
·	
(Use attachment if necessary)  CLE V: Effective date, if other than the date must be determined.	he date of filing: (OPTIONAL)
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.)  If the date inserted in this block does not meet the date inserted in this block does not meet.	at be specific and cannot be more than five business days to the applicable statutory filing requirements, this date will not be liste
CLE V: Effective date, if other than the effective date is listed, the date muse of the date of filing.)	at be specific and cannot be more than five business days to the applicable statutory filing requirements, this date will not be liste
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.)  If the date inserted in this block does not meet the date on the Department of States.	at be specific and cannot be more than five business days to the applicable statutory filing requirements, this date will not be liste
CLE V: Effective date, if other than the effective date is listed, the date must the date of filing.) If the date inserted in this block does not meet the date on the Department of State CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	et the applicable statutory filing requirements, this date will not be liste e's records.
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.) If the date inserted in this block does not meet the date on the Department of State CLE VI: Other provisions, if any.	et the applicable statutory filing requirements, this date will not be liste e's records.
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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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