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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
☐ PICK-UP ☐ WAIT ☐ MAIL
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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Wheeler Law Firm PLLC (Name of Resulting Florida Limited Company)
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Othe Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter to:
Valentina Wheeler (Contact Person) Wheeler Law Firm, PLLC (Firm/Company)
P.O. Box 22291 (Address)
St. Petersburg FL 33742 (City, State and Zip Code)
<u>wheeler</u> <u>whieeler law firm</u> . com E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
Valentina Wheeler at (517) 755-6682 (Name of Contact Person) (Area Code) (Daytine Telephone Number)
Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)
\$\times \text{\$150.00 Filing Fees} \\ (\subseteq \text{\$155.00 Filing Fees} \\ \text{\$185.00 Filing Fees} \\ \text{\$185.00 Filing Fees} \\ \text{\$25 for Conversion} \\ \text{\$125 for Articles} \\ \text{\$125 for Articles} \\ \text{\$185.00 Filing Fees} \\ \text{\$25 for Conversion} \\ \text{\$125 for Articles} \\ \text{\$185.00 Filing Fees} \\ \text{\$2\$ certified Copy, and Certificate of Status} \\ \text{\$185.00 Filing Fees} \\ \text{\$2\$ certified Copy, and Certificate of Status} \\ \text{\$185.00 Filing Fees} \\ \text{\$2\$ certificate of Status} \\ \text{\$185.00 Filing Fees} \\ \text{\$2\$ \$185.00 Filing Fees} \\ \text
STREET ADDRESS: New Filing Section MAILING ADDRESS: New Filing Section

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

New Filing 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 <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 i	s:
Wheeler Law Firm, PLLC (Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a <u>Professional Limited Liability</u> Company (Enter entity type. Example: corporation, limited partnership general partnership, common law or business trust, etc.)	
First organized, formed or incorporated under the laws of <u>West Virginia</u> (Enter state, or if a non-U.S. entity, the name of the country) (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organizat Wheeler Law Firm PLLC (Enter Name of Florida Limited Liability Company)	ion:
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 calendar day after the date this document is filed by the Florida Department of State; AND 2) must be the same a 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 to document's effective date on the Department of State's records.	S
5. The plan of conversion has been approved in accordance with all applicable statutes.	
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	nt to

Signed this day of March 2017
Signature of Authorized Representative of Limited Liability Company:
Signature of Authorized Representative: Printed Name: Valentina Wheeler Title: Attorney, Owner
Signature(s) on behalf of Other Business-Entity: [See below for required signature(s)]
Signature: Printed Name: Valenting Wheeler Title: Incorporator, Director
Signature: 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:

\$25.00

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

Articles of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Organization:

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Wheeler Law Firm PLLC. (Must contain 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:
10901 Brighton Bay Blvd. NE P.O. Box 22291 St. Petersburg, FL 33716 St. Petersburg, FL 33716
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:
Valentina Wheeler Name
10901 Brighton Bay Blvd. NE Apt. 9303 Florida street address (P.O. Box NOT acceptable)
St. Petersburg FL 33716 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)

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<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
Director	Valentina Wheeler
	10901 Brighton Bay Blvd. NE Apt. C St. Petersburg, PL 33716
(Use attachment if necessary) CLE V: Effective date, if other the	nan the date of filing: . (OPTIONAL
CLE V: Effective date, if other the effective date is listed, the date of or 90 calendar days after the of the date inserted in this block does not not seffective date on the Department of	meet the applicable statutory filing requirements, this date will not be list State's records.
CLE V: Effective date, if other the effective date is listed, the date of or 90 calendar days after the of the date inserted in this block does not not's effective date on the Department of	must be specific and cannot be more than five business d date of filing.) meet the applicable statutory filing requirements, this date will not be list State's records.
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CLE V: Effective date, if other the effective date is listed, the date of or 90 calendar days after the of the date inserted in this block does not not's effective date on the Department of CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a metal triangle of the document is executed a may any any false in the contract of the con	must be specific and cannot be more than five business d date of filing.) meet the applicable statutory filing requirements, this date will not be list State's records.