# 117000099930

(Re	questor's Name)	
(ite	questors mame,	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



000297129730

04/21/17--01022--010 \*\*125.00

04/21/17--01008--012 \*\*35.00

MAY -4 AH IO: 25 ELVETARY OF STATE MALLANASSEE, FLORID

M1,35 45/1

T. BURCH MAY 8 2017

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### **COVER LETTER**

TO:	New Filing Section Division of Corporations	ATT	N: -	TIM	BIRCH
SUBJ	JECT: Corpus Juris, LLC				
	(Name	of Resulting	g Florida Lim	ited Compa	ny)
	enclosed Articles of Conversion, ness Entity" into a "Florida Limi		_		ees are submitted to convert'an "Other ordance with s. 605.1045, F.S.
Pleas	e return all correspondence cond	erning thi	s matter to:		
Rober	t J Harper				
	(Contact Person)	1		<del></del>	
Corpu	s Juris, LLC				
	(Firm/Company)			_	
709 W	/ 20th St				
	(Address)			_	
Sanfo	rd, FL 32771				
	(City, State and Zip	Code)		_	
rjames	sharper.legal@gmail.com				
E-1	mail Address: (to be used for future an	nual report r	notifications)		
For fi	urther information concerning th	is matter,	please call:	;	
Rober	t J Harper	at	(616	) 594-421	0
	(Name of Contact Person)		(Area Code	e) (Daytin	ne Telephone Number)
dollar \$1: \$25 fc & \$12	osed is a check for the following rs and drawn on a bank located in the following rs and drawn on a bank located in the following rs and drawn on a bank located in the following rs and drawn on a bank located in the following rs and drawn on a bank located in the following rs and drawn on a bank located in the following rs and drawn on a bank located in the following rs and drawn on a bank located in the following rs and drawn on a bank located in the following rs and drawn on a bank located in the following rs and drawn on a bank located in the following rs and locat	n the Unit /ed \$ 0 Fees	ed States)	by Copy	by this office must be payable in US  Vision of Corporations on  I\$185.00 Filing Fees. Certified Copy, and Certificate of Status
New Divis Clifto	EET ADDRESS: Filing Section ion of Corporations on Building Executive Center		New I Divisi P. O.	LING AD Filing Section of Cor Box 6327 tassee, FL	tion porations

32301

Circle Tallahassee, FL



April 26, 2017

ROBERT J HARPER 1495 LAKESHORE DR MOUNT DORA, FL 32757

SUBJECT: CORPUS JURIS RESEARCH & WRITING, LLC

Ref. Number: W17000035957

We have received your document for CORPUS JURIS RESEARCH & WRITING, LLC and your check(s) totaling \$160.00. 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.

You submitted the wrong conversion form, proper forms enclosed.

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.

Tim Burch Regulatory Specialist III

Letter Number: 517A00008144

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 Limited Liability Company in accordance with s 605 1045. "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

(Ent	r 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 incorpor	ated under the laws of Florida	
01/01/2015 on	(Enter state, or if a non-U.S. entity, the name of the country)	
(date of organization, formation or inc	orporation)	
3. The name of the Florida Limited Corpus Juris, LLC	Liability Company as set forth in the attached Articles of Organizat	ion
Corpus Juris, LLC	Liability Company as set forth in the attached Articles of Organizat of Florida Limited Liability Company)	ion
Corpus Juris, LLC  (Enter Name  4. If not effective on the date of fil (The effective date: 1) cannot be after the date this document is fil the effective date listed in the atte	· · · · · · · · · · · · · · · · · · ·	/S S

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 1st day of May	20 <u>17</u> .
Signature of Authorized Representative of	<u> </u>
Signature of Authorized Representative:	W / Lune 11-
Printed Name: Robert J Harper	Title: Juthorized Member
	$\cup$
	ntity: [See below for required signature(s)]
Signature: M. Jun M.	_
Printed Name: Robert J Harper	Title: President
Signature:	
Printed Name:	Title:
Signature:	Title:
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Cinneting	
Signature:	Title:
Fillited Name.	1106.
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Direct	tor, or Officer.
If Directors or Officers have not been selected	
If Florida General Partnership or Limited Signature of one General Partner.	Liability Partnership:
Signature of one General Farther.	
If Florida Limited Partnership or Limited	<u> Liability Limited Partnership:</u>
Signatures of <u>ALL</u> General Partners.	
All others:	
Signature of an authorized person.	
<u>Fees:</u>	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organiza	
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Corpus Juris, LL	С	
<del></del>		nited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II	- Address:	
		s of the principal office of the Limited Liability Company is:
Principal Offi	ce Address:	Mailing Address:
709 W 20th St		709 W 20th St
Sanford, FL 3277	71	Sanford, FL 32771
business entity wit	h an active Florida registration	1.)
The name and		ess of the registered agent are:
The name and	the Florida street addre	с.
The name and		
The name and	Registered Agents In-	c. Name Dr. STE 150A
The name and	Registered Agents In-	c. Name
The name and	Registered Agents In-	c. Name Dr. STE 150A
The name and	Registered Agents In- 3030 N. Rocky Point Florida street add	Dr. STE 150A dress (P.O. Box NOT acceptable)

Registered Agents, Inc
Bill Havre - Assistant Secretary

Registered Agent's Signature (REQUIRED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Robert J Harper
	709 W 20th St
	Sanford, FL 32771
	<b>₩</b>
	<u> </u>
	77.5 <b>6.</b>
	<del></del>
in effective date is listed, the date mus	he date of filing: 05/01/2017 . (OPTIONAL)  t be specific and cannot be more than five business day of filing.)
FICLE V: Effective date, if other than the effective date is listed, the date must be to or 90 calendar days after the date	t be specific and cannot be more than five business day of filing.) the applicable statutory filing requirements, this date will not be listed
FICLE V: Effective date, if other than the effective date is listed, the date must be to or 90 calendar days after the date. If the date inserted in this block does not meet ment's effective date on the Department of State.	t be specific and cannot be more than five business day of filing.) the applicable statutory filing requirements, this date will not be listed
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FICLE V: Effective date, if other than the effective date is listed, the date must be to or 90 calendar days after the date. If the date inserted in this block does not meet ment's effective date on the Department of State.  FICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Lames Harper  Signature of a member of the document is executed in a I am aware that any false informations constitutes a third degree felony.  Robert J Harper	t be specific and cannot be more than five business day of filing.) the applicable statutory filing requirements, this date will not be listed 's records.  er or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.
FICLE V: Effective date, if other than the effective date is listed, the date must be to or 90 calendar days after the date. If the date inserted in this block does not meet ment's effective date on the Department of State.  FICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Lames Harper  Signature of a member of the document is executed in a I am aware that any false informations constitutes a third degree felony.  Robert J Harper	t be specific and cannot be more than five business day of filing.) the applicable statutory filing requirements, this date will not be listed 's records.  er or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. mation submitted in a document to the Department of State

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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

ARTICLE IV-

Company: