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(Requestor's Name)
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PICK-UP WAIT MAIL
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JUN 2 6 2017 T SCHROEDER

COVER LETTER

Division of C				
SUBJECT: LAVAR	GNA LAW, PLLC			
SUBJECT.		ulting Florida Limite	ed Com	pany)
				I fees are submitted to convert an "Othe cordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g this matter to:		
Carrie Lavargna				
	(Contact Person)			
LAVARGNA LAW, PLI	LC			
	(Firm/Company)			
1803 S. Kanner Highway	,			
	(Address)			
Stuart, Florida 34994				
((City, State and Zip Code)			
carrie@lavargnalaw.com				
E-mail Address: (to b	e used for future annual re	port notifications)		
For further information	on concerning this ma	tter, please call:		
Carrie Lavargna		_at (⁷⁷²	286-75	521
(Name of Conta	ict Person)		(Dayt	ime Telephone Number)
	or the following amou a bank located in the		rocesso	ed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS	S:	MAILI	NG A	DDRESS:
New Filing Section		New Fil	_	
Division of Corporate	ions	Division P. O. Bo		orporations
Clifton Building 2661 Executive Cent	er Circle			L 32314
Tallahassee, FL 323		1 621661144	, 1	

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: Carrie Lavargna Esquire, P.A. Pod - 107223
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a professional association
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
04/20/2004 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: Lavargna Law, PLLC
(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 calendar 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.
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 16 day of June	20_17
Signature of Authorized Representative of Lir	nited Liability Company:
Signature of Authorized Representative:	rree Lavayn
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
a laurie Lauren	
Signature: Carrie Lavargna Printed Name: Carrie Lavargna	Title: President
Signature:	
Printed Name:	
Signature:	
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, o	
If Directors or Officers have not been selected, an	incorporator must sign.
If Florida General Partnership or Limited Liab Signature of one General Partner.	ility Partnership:
If Florida Limited Partnership or Limited Liab Signatures of <u>ALL</u> General Partners.	ility Limited Partnership:
All others: Signature of an authorized person.	
Fees:	,
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

7 JUN 23 KM II: 27

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIARILITY COMPANY

ARTICLE I - Name:		ABILITY COMPANI
The name of the Limited Liability Company is	S:	
Lavargna Law, PLLC (Must contain the words "Limited Liabil	lity Company, "L.L.C.," or "LLC	
(,,,	. ,
ARTICLE II - Address: The mailing address and street address of the particle.	principal office of the Lin	mited Liability Company is:
Principal Office Address:	Mailing Address:	
1803 S. Kanner Highway	1803 S. Kanner Highway	<i>!</i>
Stuart, Florida 34994	Stuart, Florida 34994	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)		
The name and the Florida street address of the	registered agent are:	
Carrie Lavargna		<u> </u>
Nan	ne	
1803 S. Kanner Highway		
Florida street address (P.	O. Box NOT acceptable)	_)
Strong	FL34994	•
Stuart City	Zip	_
<i>C</i> ,	–. _P	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as r	in this certificate, I hereb ncity. I further agree to co to performance of my dutie negistered agent as provid	y accept the appointment as comply with the provisions of all es, and I am familiar with and
(CONTI	NUED)	TO JUN 23 AH

ARTICLE IV-

(Use attachment if necessary) (Use attachment if necessary) (ICLE V: Effective date, if other than the date of filing: 96/30/2017 (OPTIONAL) (OPTIO	Tit "Al	<u>le:</u> MBR" = Authorized :	Member	Name and Address:		
(Use attachment if necessary) (ICLE V: Effective date, if other than the date of filing: 06/30/2017 (OPTIONAL) n effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after late of filing.) if (ICLE V: Effective date in this block does not meet the applicable statutory filing requirements, this date will not be listed adocument's effective date on the Department of State's records. ICLE VI: Other provisions, if any, specific nature of the business of this Professional Limited Liability Company shall be the practice of law, and ad or associated services. REOUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (11) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree fellony as provided for in s.817.155, F.S. Carrie Lavargna Typed or printed name of signee Filling Fees; \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$5 30.00 Certificate of Status (Optional)						
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