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| <u> </u> | (Requestor's Name) | |
|----------------------|-------------------------|----------|
| | (Address) | |
| | (Address) | |
| | (City/State/Zip/Phone # | 7) |
| PICK-UF | P WAIT | MAIL |
| | (Business Entity Name | ·) |
| | (Document Number) | |
| Certified Copies | Certificates o | f Status |
| Special Instructions | s to Filing Officer: | |
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COVER LETTER :

| TO: New Filing So Division of C | | | |
|--|--|--|---|
| SUBJECT: Senior Re | source Guide LLC | | |
| SUBJECT: | (Name of Resi | ulting Florida Limited | d Company) |
| The enclosed Articles Business Entity" into | s of Conversion, Articl a "Florida Limited Lia | es of Organizationability Company" | n, and fees are submitted to convert an "Other in accordance with s. 605.1045, F.S. |
| Please return all corre | espondence concerning | g this matter to: | |
| Sylvia Wheeler | | | |
| | (Contact Person) | | |
| Gulf Coast Accounting S | ervices | | |
| | (Firm/Company) | | |
| 4493 Woodbine Road | | | |
| · · · · · · · · · · · · · · · · · · · | (Address) | | |
| Pace, FL 325471 | | | |
| (1 | City. State and Zip Code) | | |
| srgpublishers@yahoo.co | m | | |
| E-mail Address: (to b | e used for future annual re | port notifications) | |
| For further informati | on concerning this ma | tter, please call: | |
| Sylvia Wheeler | | _at (⁸⁵⁰) | 463-5956 |
| (Name of Conta | act Person) | (Area Code) | (Daytime Telephone Number) |
| | for the following amount a bank located in the | | rocessed by this office must be payable in US |
| ■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) | ☐S155.00 Filing Fees and Certificate of Status | S180.00 Filing F and Certified Copy | |
| STREET ADDRES | S: | • | NG ADDRESS: |
| New Filing Section | | | ing Section |
| Division of Corporat Clifton Building | ions | Division P. O. Bo | n of Corporations |
| 2661 Executive Cen | ter Circle | | ssee, FL 32314 |

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 Article Senior Resource Guide LLC | es of Conversion is: |
|---|--|
| (Enter Name of Other Business Entity) | |
| 2. The "Other Business Entity" is a General Partnership | |
| (Enter entity type. Example: corporation, limited partnership, general partnership, common | 1 law or business trust, etc.) |
| First organized, formed or incorporated under the laws of | name of the country) |
| 1/27/14 on | ,, |
| (date of organization, formation or incorporation) | |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Artic | cles of Organization: |
| Senior Resource Guide LLC | |
| (Enter Name of Florida Limited Liability Company) | |
| 4. If not effective on the date of filing, enter the effective date: (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 the date this document is filed by the Florida Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date 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 apprais which such members are entitled under ss. 605.1006 and 605.1061-605.1072. F.S. | al rights the amount to 17 SEP 19 (21 8: 2 |

| Signed t | his <u>14th</u> | day of September | 20 <u>17</u> . | |
|-----------|--------------------|--|---|----|
| Signatu | re of Autho | rized Representative of | Limited Liability Company: | |
| Signatur | e of Authori | zed Representative: | Title: Accountant | |
| Printed ? | Name: Sylvia | Wheeler | Title: Accountant | |
| Signatur | re(s) on beh | alf of Other Business Enti | ity: [See below for required signature(s |)l |
| | | | | • |
| Signatur | e: <u>Ulan</u> | ne X Jainer | Title: MBR | |
| Printed 3 | Name: Dianne | Gamer | litle: MBR | |
| Signatur | e: | | | |
| Printed ? | Name: | | Title: | |
| | | | | |
| Signatur | e: | | Title: | |
| Printed f | Name: | | l'itle: | |
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| Signatur | e: | | TOTAL | |
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| Signatur | e: | | | |
| Printed ? | Name: | | Title: | |
| | | | | |
| | la Corporat | | 055 | |
| | | in, Vice Chairman, Directors have not been selected, | | |
| II Ducci | ors or Office | is have not occur selected, | an meorporator musi sign. | |
| If Floric | la General F | Partnership or Limited Li | iability Partnership: | |
| Signatur | e of one Gen | eral Partner. | | |
| ic rl: | 1 . T ::4 . J T | Name | Call Place I. C. Care I. D. Care C. Caller | |
| | | eneral Partners. | iability Limited Partnership: | |
| Signatui | cs of <u>ALL</u> C | cherar randiers. | | |
| All othe | | | | |
| Signatur | e of an autho | orized person. | | |
| Fees: | | | | |
| | Articles of C | onversion: | \$25.00 | |
| | | ida Articles of Organizati | | |
| | Certified Co | | \$30.00 (Optional) | |
| | Certificate o | • • | \$5.00 (Optional) | |

17 SEP 19 #1 8: 24

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | | | | |
|--|--|------------------------------|--------------------------------|---------------------------|
| Senior Resource Guide LLC | | | | |
| (Must contain the words "Limited Liability | Company, "L.L.C.," or "LLC.") | | | |
| ARTICLE II - Address: The mailing address and street address of the pr | incipal office of the Limited Liab | ility Co | ompanj | y is: |
| Principal Office Address: | Mailing Address: | | | |
| Dianne Garner | 3825 Windsor Castle Blvd. | | | |
| 3823 Wirdson Castle Aud. | Milton, FL 32583 | | | |
| M1HON, 71 30503 | | | | |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the registration. | ered Agent. You must designate an individua | ignatu I or anot | re: her | |
| | | | | |
| Gulf Coast Accounting Services I | | | | |
| .Name | • | | | |
| 4493 Woodbine Road | | | | |
| Florida street address (P.O. | Box NOT acceptable) | | | |
| Pace | FL 32571 | | | |
| City | Zip | | | |
| Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacistatutes relating to the proper and complete paccept the obligations of my position as reg | this certificate. I hereby accept the ity. I further agree to comply with performance of my duties, and I am | e appoi the pro famili | intment ovisions ar with | t as s of all s and |
| _ Spire Wheel | | | 17 | |
| Registered Agent's Sign | ature (REQUIRED) | | SEF | :: |
| (CONTIN | UED) | - | 5.00 | |

| 4 | D. | E. L | Cï | L. | 1.3/ | |
|---|----|------|----|----|------|--|
| а | | | | | | |

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

| <u>Title:</u> | Name and Address: | |
|------------------------------------|---------------------------|---------------|
| "AMBR" = Authorized Member | | |
| "MGR" = Manager | | |
| MGR | Dianne Garner | |
| | 3825 Windsor Castle Blvd. | |
| | Milton, FL 32583 | |
| MCP | James Garner | |
| MGR | | |
| | 3825 Windsor Castle Blvd. | |
| | Milton, FL 32583 | <u>-</u> |
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| | | :- |
| (Use attachment if necessary) | | |
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| | | |
| TICLE V: Other provisions, if any. | | Ē. 9 |
| my and all business transacted | | |
| my and the ottomess transacted | | |
| | | 7., |

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.

| Dianne Garner | | | |
|---------------|------|------|--|
| | | | |

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)