

L18000012070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

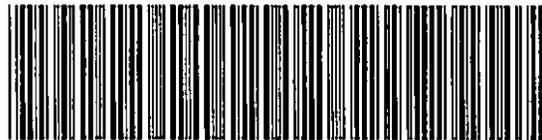
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T SCHROEDER

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: KELLEY CRESSMAN LLC
(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

KELLEY CRESSMAN
(Contact Person)

(Firm/Company)

928 FIDDLERS CREEK ROAD
(Address)

PONTE VEDRA BEACH FL 32082
(City, State and Zip Code)

GREGC@DENTALWORKSUSA.COM
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

KELLEY CRESSMAN at (972) 762-8599
(Name of Contact Person) (Area Code) (Daytime 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)

- \$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

STREET ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

memo

Kelley Cressman LLC

From: Kelley Cressman
CC:
Date: 1/16/2018
Re: Release of Name Rights

Comments:

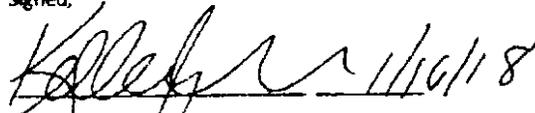
Please accept this document as official notice that I grant release of the business name Kelley Cressman Inc. This will allow Kelley Cressman LLC to be established and active.

Paperwork and payment for Kelley Cressman LLC has already been submitted and enough funds are available to complete this transaction.

Please call me with any questions. (904)553-8405 or email at kelly.cressman@yahoo.com

Please refer to letter # 617A00025251 for additional information if necessary.

Signed,



Kelley S. Cressman Date

2018 JAN 16 AM 10:11

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KELLEY CRESSMAN LLC

(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:

928 FIDDLER CREEK ROAD
PONTE VEDRA BEACH
FL 32082

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:

KELLEY CRESSMAN

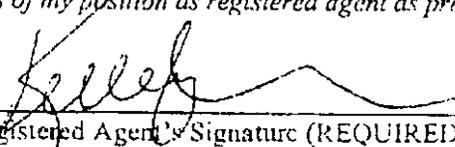
Name

928 FIDDLER CREEK ROAD

Florida street address (P.O. Box NOT acceptable)

PONTE VEDRA BEACH FL 32082
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)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

KELLEY CRESSMAN
928 FIDDER CREEK ROAD
ROUTE UEDRA BEACH FL 32082

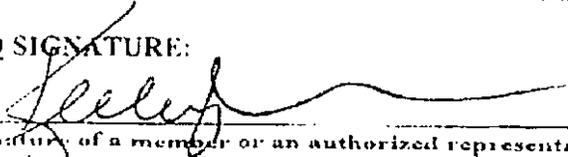
(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

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REQUIRED SIGNATURE:



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.

KELLEY S. CRESSMAN

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)