# L18000042915

(Requestor's Name)
(1)
(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:
W8-10111





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T. BURCH FEB 20 2018

## COVER LETTER

	New Filing So Division of Co				
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SUBJE	CT: Cheryl Le	Wis Associates, LLC	alting Florida Limit	ad Com	
		(Name of Kes	alting Florida Limi	lea Con	ipany)
			•		d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please re	eturn all corre	espondence concerning	g this matter to:		
Cheryl A	Lewis				
-		(Contact Person)		•	
Cheryl Le	wis Associates,	LLC			
		(Firm/Company)		-	
923 Posac	ias W				
		(Address)		-	
Venice, F	L 34285				
	((	City, State and Zip Code)		-	
cheryl@c	heryllewisassoc	iates.com			
E-mai	l Address: (to be	e used for future annual re	port notifications)	-	
For furth	her information	on concerning this ma	tter, please call:		
Cheryl A	Lewis		_at (_ <sup>518</sup>	221-6	125
(	Name of Conta	ct Person)	(Area Code)	(Day	time Telephone Number)
		or the following amou a bank located in the	•	rocess	sed by this office must be payable in US
		□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		■\$185.00 Filing Fees. Certified Copy, and Certificate of Status
STREE	T ADDRESS	S:	MAIL	ING A	ADDRESS:
	ing Section		New F	_	
	of Corporati	ons			Corporations
Clifton I	Building ecutive Cente	er Circla	P. O. B		27 FL 32314
4001 LA	COULTY C COTTO	CI CHOIC	i analia	iosee,	しし シムノエマ

Tallahassee, FL 32301



January 31, 2018

CHERYL A LEWIS 923 POSADAS W VENICE, FL 34285

SUBJECT: CHERYL LEWIS ASSOCIATES, LLC

Ref. Number: W18000010111

We have received your document for CHERYL LEWIS ASSOCIATES, LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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

Kg ID 10000

Letter Number: 318A00002058

#### **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: Cheryl Lewis Associates, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Corporation  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
on 4/14/2009 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Cheryl Lewis Associates, 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 calendar days after 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 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 thi	is 24th day of January	20 18 .
Signature	e of Authorized Representative of	Limited Liability Company:
Clanatura	of Authorized Representative:	hunda Louis
Drinted Me	may Chand D Lange	Title: Possil are +
rimicu na	anic. Chery H. Lewis	Title. 17 to 1 den 1
<u>-</u>		tity: [See below for required signature(s)]
Signature:	Chuyla. Janie	Title: <u>frestdent</u>
Printed Na	ame: Chery A. Levois	Title: <u>frestdent</u>
Sionature:		
Printed Na	ame.	Title:
Signature:		
Printed Na	ame:	Title:
Signature:	· · · · · · · · · · · · · · · · · · ·	Title:
Printed Na	ame:	Title:
C		
Signature:		Title:
Printed Na	ame:	Title:
Signature:		
Printed Na	ame:	Title:
If Florida	Corporation:	
	of Chairman, Vice Chairman, Direct	or, or Officer.
If Director	rs or Officers have not been selected,	an Incorporator must sign.
	General Partnership or Limited L	iability Partnership:
Signature	of one General Partner.	
16 171	. I ':	Set Man E.S. Mand Dissaments See
	<u>Limited Partnership or Limited L</u> s of ALL General Partners.	iability Limited Partnership:
Signatures	of ALL General Faithers.	
All others	<b>:</b> ·	
	of an authorized person.	
- 16	γ	
Fees:		
Aı	rticles of Conversion:	\$25.00
Fe	es for Florida Articles of Organizat	•
	ertified Copy:	\$30.00 (Optional)
	ertificate of Status:	\$5.00 (Optional)

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compan	y is:
Cheryl Lewis Associates, LLC	
(Must contain the words "Limited Li	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
923 Posadas W	923 Posadas W
Venice, FL 34285	Venice, FL 34285
business entity with an active Florida registration.)  The name and the Florida street address of  Venice Print Center	the registered agent are:
7	Name
2021 S. Tamiami Trail	
Florida street address	(P.O. Box NOT acceptable)
Venice	FL 34285
City	Zip
liability company at the place designat registered agent and agree to act in this constant statutes relating to the proper and compact accept the obligations of my position and the constant of the proper and compact the obligations of the place designation and the place designation are placed as a placed and the place designation and the place designation and the place designation are placed as a placed and the place designation are placed as a placed and the placed are placed as a placed as a placed and the placed are placed as a placed as a placed are placed as a placed as a placed are placed as a placed as a placed are placed as a placed are placed as a placed as a placed are placed as a placed are placed as a placed as a placed are placed as a placed as a placed as a placed are placed as a placed as a placed are placed as a placed as a placed are placed as a placed are placed as a pl	and to accept service of process for the above stated limited red in this certificate, I hereby accept the appointment as apacity. I further agree to comply with the provisions of all lete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 605, F.S  Signature (REQUIRED)

(CONTINUED)

"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Cheryl A Lewis
·	923 Posadas W
	Venice, FL 34285
	<del></del>
	<u> </u>
	**************************************
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
	<del></del>
REQUIRED SIGNATURE:	
Cherry a. Lewi	

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

ARTICLE IV-

Chery 1 A. Lewis
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)