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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of State	us
Special Instructions to Filing Officer:	

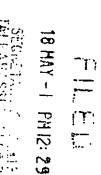
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COVER LETTER

TO: New Filing S Division of C					
SUBJECT: Thomas	•				
SUBJECT:	(Name of Re	sulting Florida Limite	ed Cor	mpany)	
		-		nd fees are submitted to convert an accordance with s. 605.1045, F.S.	"Other
Please return all corr	respondence concernin	g this matter to:			
Thomas S. Donnelly					
	(Contact Person)			artig (<u>ئ</u>
	(Firm/Company)			S. C.	芸.
1000 E. Hallandale Bead	ch Blvd., West Wing 3				_
•	(Address)				PH
Hallandale Beach, Florid	da 33009				, <u>.</u>
	City, State and Zip Code)			•	. 73
tsd@donnellyllp.com					•
E-mail Address: (to b	be used for future annual re	port notifications)			
For further informati	on concerning this ma	tter, please call:			
Thomas S. Donnelly		_at (305	443-7	-7211	
(Name of Cont	act Person)	(Area Code)	(Day	rytime Telephone Number)	
	for the following amou a bank located in the	•	rocess	ssed by this office must be payable i	n US
S150.00 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 ADDRES	S:	MAILI	NG A	ADDRESS:	
New Filing Section		New Fil	_		
Division of Corporat	ions			Corporations	
Clifton Building 2661 Executive Cent	ter Circle	P. O. Bo Tallaha		327 FL 32314	
Tool Brockers Coll	ici Cilole	i ailalla.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4 i i i i i i i i i i i i i i i i i i i	

Tallahassee, FL 32301

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 Statutes.

	(Enter Name of Other Business Entity)
2. The "Other Business	Entity" is a
(Enter entity ty	ype. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed	or incorporated under the laws of
01-05-2017 on	
(date of organization, for	rmation or incorporation)
	rida Limited Liability Company as set forth in the attached Articles of Organization:
Thomas S. Donnelly PLLC	
	(Enter Name ef Florida Limited Liability Company)
	e date of filing, enter the effective date:
the date this document <u>Note:</u> If the date inserted in document's effective date on	innot be prior to date of receipt or filed date nor more than 90 calendar days after t is filed by the Florida Department of State.) this block does not meet the applicable statutory filing requirements, this date will not be listed as the a the Department of State's records.
the date this document <u>Note:</u> If the date inserted in document's effective date on	t is filed by the Florida Department of State.) this block does not meet the applicable statutory filing requirements, this date will not be listed as the

Signed this 3rd day of April	20_18
Signature of Authorized Representative of Limit	ed Liability Company:
Signature of Authorized Representative:	Title: Manager
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)
Printed Name: Thomas S. Donnelly	Title: President
Signature:Printed Name:	_ Title:
Signature:	
Printed Name:	_ Title:
Signature:Printed Name:	
Printed Name:	
Signature:Printed Name:	Tit
Printed Name:	Title:
Signature:Printed Name:	Title
Frinted Name.	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or C	Officer.
If Directors or Officers have not been selected, an Inc	
If Florida General Partnership or Limited Liabilit	v Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y 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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADTICLE L. Namo					
ARTICLE I - Name: The name of the Limited Liability Company	is:				
Thomas S. Donnelly PLLC					
(Must contain the words "Limited Lia	ibility Company, "L.L.C.," or "LLC.")				
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:				
1000 E. Hallandale Beach Blvd.	1000 E. Hallandale Beach Blvd.				
West Wing 3	West Wing 3				
Hallandale Beach, Florida 33009	Hallandale Beach, Florida 33009				
business entity with an active Florida registration.) The name and the Florida street address of t Thomas S. Donnelly, Esq.					
N	ame				
1000 E. Hallandale Beach B	lvd., West Wing 3				
	P.O. Box NOT acceptable)				
Hallandale Beach	FL 33009				
City	Zip				
liability company at the place designate registered agent and agree to act in this constantes relating to the proper and complete accept the obligations of my position at Registered Agent's	nd to accept service of process for the above stated limited and in this certificate. I hereby accept the appointment as apacity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and registered agent as provided for in Chapter 605, F.S Signature (REQUIRED) TINUED)				

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Thomas S. Donnelly 1000 E. Hallandale Beach Blvd., West Wing 3 Hallandale Beach, Florida 33009
MGR	Thomas S. Donnelly 1000 E. Hallandale Beach Blvd., West Wing 3
	Hallandale Beach, Florida 33009
	Handidate Deach, Florida 2000
	Hallandale Beach, Florida 33009
	
(I lea attachment (Engagerary)	
(Use attachment if necessary)	
ICLE V: Other provisions, if any.	conducted or promoted in Florida: Profession last or activity for which limited liability comp s of the State of Florida.
we of business or purposes to be	conducted or promoted in Florida: Trotession
services and any other lawfu	lact or activity for which limited liability com
be organized under the law	s of the State of Florida.
,	
REQUIRED SIGNATURE:	
	\mathcal{N}
	an authorized representative of a member

ARTICLE IV-

Thomas S. Donnelly

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee