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| PICK-UP                   | ☐ WAIT            | MAIL        |
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| (Do                       | cument Number)    |             |
| Certified Copies          | Certificates      | s of Status |
| Special Instructions to I | Filing Officer:   |             |
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#### **COVER LETTER**

| Division of C  | orporations   |  |        |  |
|--|---|--|--------|--|
| SUBJECT: Always C  | on Call Answering Service                             | , LLC  |        |  |
| Sobster.   | (Name of Res  | sulting Florida Limit  | ed Con | mpany)   |
|  |   | _  |        | nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S. |
| Please return all corre  | espondence concernin                                  | g this matter to:  |        |  |
| Thomas M. Tarsia, Esq.   |   |  |        |  |
|  | (Contact Person)                                      |  |        |  |
| Jones, Haber & Rollings  |   |  |        |  |
|  | (Firm/Company)  |  |        |  |
| 1633 SE 47th Terrace   |   |  |        |  |
|  | (Address)   |  |        |  |
| Cape Coral, FL 33904   |   |  |        |  |
| ((   | City, State and Zip Code)                             |  |        |  |
| tarsia@joneshaberlaw.co  | em  |  |        |  |
| E-mail Address: (to b  | e used for future annual re                           | port notifications)  |        |  |
| For further information  | on concerning this ma                                 | tter, please call:   |        |  |
| Thomas M. Tarsia, Esq.   |   | at ( <sup>239</sup>  | 542-0  | 0700   |
| (Name of Conta   | ct Person)  |  | (Day   | ytime Telephone Number)  |
|  | or the following amou<br>a bank located in the        |  | roces  | sed by this office must be payable in US                                     |
| \$150.00 Filing Fees<br>(\$25 for Conversion<br>& \$125 for Articles<br>of Organization) | □\$155.00 Filing Fees<br>and Certificate of<br>Status | □\$180.00 Filing<br>and Certified Cop                        |        | □\$185.00 Filing Fees, Certified Copy, and Certificate of Status             |
| STREET ADDRESS: New Filing Section Division of Corporations                              |   | MAILING ADDRESS: New Filing Section Division of Corporations |        |  |
| Division of Corporations Clifton Building  |   | P. O. Box 6327   |        |  |
| 2661 Executive Center Circle   |   | Tallahassee, FL 32314  |        |  |

Tallahassee, FL 32301

TO: New Filing Section

# **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: ALWAYS ON CALL ANSWERING SERVICE, LLC   |
|--|
| (Enter Name of Other Business Entity)  |
| 2. The "Other Business Entity" is a DOMESTIC LIMITED LIABILITY COMPANY   |
| (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)  |
| First organized, formed or incorporated under the laws of  |
| (Enter state, or if a non-U.S. entity, the name of the country)  |
| September 18, 2006<br>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:  |
| ALWAYS ON CALL ANSWERING SERVICE, LLC  |
| (Enter Name of Florida Limited Liability Company)  |
| <ul> <li>4. If not effective on the date of filing, enter the effective date:</li></ul>  |
| 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. |

| Signature of Authorized Representative of Limited Liability Company:                                      | _            |
|---|--------------|
| Cinnature of Anglessian I Burners studies   | _            |
| Nighallire of a limorized Kenresenialive:   | _            |
| Signature of Authorized Representative:  Printed Name: Thomas M. Tarsia, Esquire  Title: Registered Agent | _            |
| _   |              |
| Signature(s) on behalf of Other Bustness Entity: [See below for required signature(s)]                    |              |
| Signature: Sul C. Sumin   | _            |
| Printed Name: Gerald R. Brosseau, II Title: Member  |              |
| Signature My agrab Colon Markeau  | _            |
| Printed Name: Margaret Ellen Brosseau Title: Member   | _            |
| Signature:  |              |
| Printed Name: Title:  | _            |
|   |              |
| Signature:  |              |
| Signature: Title:   | _            |
|   |              |
| Signature: Title:   | _            |
| Titled NameTitle.   | _            |
| Signature:  |              |
| Printed Name: Title:  | _            |
|   |              |
| If Florida Corporation:   |              |
| Signature of Chairman, Vice Chairman, Director, or Officer.   |              |
| If Directors or Officers have not been selected, an Incorporator must sign.                               |              |
| If Florida General Partnership or Limited Liability Partnership:  |              |
| Signature of one General Partner.   |              |
| - C   |              |
| If Florida Limited Partnership or Limited Liability Limited Partnership:                                  |              |
| Signatures of ALL General Partners.   |              |
|   |              |
| All others:   |              |
| Signature of an authorized person.  |              |
| Fees:   | \$7°         |
| Articles of Conversion: \$25.00   |              |
| Fees for Florida Articles of Organization: \$125.00   | <b>*</b>     |
| Certified Copy: \$30.00 (Optional)  | ا<br>(در کار |
| Certificate of Status: \$5.00 (Optional)  | (3) *        |

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company  | / is:   |   |  |
|--|---|---|--|
| ALWAYS ON CALL ANSWERING SERVICE, LL (Must contain the words "Limited Lia  |   | "1   C " or "    C "  |  |
| (Must contain the words) Elimited Elia   | omity Company,  | nation, or table.   | ,  |
| ARTICLE II - Address: The mailing address and street address of the  | e principal of  | ffice of the Lim  | ited Liability Company is:   |
| Principal Office Address:  | Mailing   | g Address:  |  |
| 6320 Techster Blvd   |   | x 151305  |  |
| Fort Myers, FL 33966   | Cape Co   | oral, FL 33915  |  |
| The name and the Florida street address of the   | he registered   | agent are:  |  |
| Thomas M. Tarsia, Esq.   |   |   |  |
| N  | ame   |   |  |
| 1633 SE 47th Terrace   |   |   |  |
| Florida street address (l  | P.O. Box <u><b>NO</b></u>   | OT acceptable)  |  |
| Cape Coral   | Fl.   | 33904   |  |
| City   |   | Zip   |  |
| Having been named as registered agent an liability company at the place designate registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as Registered Agent's S | ed in this certi<br>pacity. I furth<br>ete performan<br>s registered as | ficate, I hereby<br>her agree to con<br>ice of my duties,<br>gent as provided | accept the appointment as nply with the provisions of all and I am familiar with and |

| A | RT   | С        | 137   |
|---|------|----------|-------|
| - | RC I | <br>. F. | . v - |

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

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address:  |
|--|--|
| "MGR" = Manager                          |  |
| MGR                                      | Gerald R. Brosseau, II   |
| <del></del>                              | 2817 Beach Pkwy W  |
|  | Cape Coral, FL 33914   |
| MGR                                      | Margaret Ellen Brosseau  |
|  | 3706 Kessler Street  |
|  | Fort Myers, FL 33905   |
|  |  |
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| (Use attachment if necessary)            | · · · · · · · · · · · · · · · · · · ·  |
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| CLE V Od - 11 16                         | $\mathfrak{C}_{\ell}^{m}$  |
| ICLE V: Other provisions, if any.        |  |
| <del></del>                              |  |
|  |  |
|  |  |
| REQUIRED SIGNATURE:                      |  |
| On12 2 812                               | L. Randa L.  |
| Margared Eller                           |  |
| This document is executed in accordance  | an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes, I am aware that ument to the Department of State constitutes a third degree felony |
| al .                                     | Brosseau  yped 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)