

L18000264869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

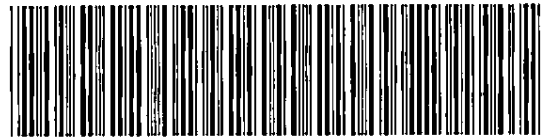
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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11/16/18--01001--007 \*\*180.00

RECEIVED  
TREASURY OF STATE  
18 NOV 15 PM 4:38

FILED  
18 NOV 15 AM 8:55  
SEC. OF STATE  
T. SCHROEDER

NOV 16 2018  
T. SCHROEDER



## Filing Cover Sheet

To: Florida Division of Corporations

From: TAYLOR SEAY C/O Capitol Services, Inc.

Date: 11/15/2018

Trans#: 1014597

**Entity Name: ANNETTE WILLIS INSURANCE AGENCY, INC. (FL) CONVERTING  
INTO ANNETTE WILLIS INSURANCE AGENCY, LLC (FL)**

Articles Incorporation ( )

Articles of Dissolution ( )

**Conversion (XX)**

Foreign Qualification ( )

Limited Partnership ( )

Reinstatement ( )

Other ( )

Articles of Amendment ( )

Annual Report ( )

Fictitious Name ( )

Limited Liability ( )

Merger ( )

Withdrawal / Cancellation ( )

**STATE FEES PREPAID WITH CHECK #1356 FOR \$180.00**

**PLEASE RETURN:**

**Certified Copy (XX)**

Plain Photocopy ( )

Good Standing ( )

Certificate of Fact ( )

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Annette Willis Insurance Agency, 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:

Maggie Brislin  
(Contact Person)  
Johnston, Allison & Hord, P.A.  
(Firm/Company)  
1065 E. Morehead Street  
(Address)  
Charlotte, NC 28204  
(City, State and Zip Code)  
mbrislin@JAHlaw.com  
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Larry Willis at ( 305 ) 625-2403  
(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)

<input checked="" type="checkbox"/> \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	<input type="checkbox"/> \$155.00 Filing Fees and Certificate of Status	<input type="checkbox"/> \$180.00 Filing Fees and Certified Copy	<input type="checkbox"/> \$185.00 Filing Fees. Certified Copy, and Certificate of Status
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**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

**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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  
Annette Willis Insurance Agency, Inc. 7380410

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a 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 Florida  
(Enter state, or if a non-U.S. entity, the name of the country)

on July 9, 1981  
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

Annette Willis Insurance Agency, 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.

F11.F0  
18 NOV 15 AM 9:55  
STATE OF FLORIDA  
DEPARTMENT OF STATE  
CLERK

Signed this 15th day of November 2018

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative:

Printed Name: Larry Willis, President of AWI Holdings, Inc. Title: AWI Holdings, Inc. Its Manager

Signature(s) on behalf of Other Business Entity: (See below for required signature(s))

Signature:

Printed Name: Larry Willis Title: Vice President of Annette Willis Insurance Agency, Inc.

Signature:

Printed Name: Title:

Signature:

Printed Name: Title:

Signature:

Printed Name: Title:

Signature:

Printed Name: Title:

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.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized person.

Fees:

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

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18 NOV 15 AM 9:55  
STATE OF FLORIDA  
CLERK OF THE CIRCUIT COURT  
IN AND FOR THE COUNTY OF  
DADE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Annette Willis Insurance Agency, 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:

18401 NW 27th Avenue

Miami, FL 33056

Mailing Address:

18401 NW 27th Avenue

Miami, FL 33056

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:

Larry Willis, President of AWI Holdings, Inc.,

Name

18401 NW 27th Avenue

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

Miami

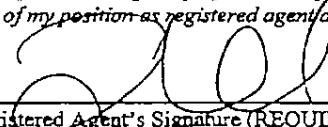
City

FL

33056

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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18 NOV 15 AM 9:55  
CLERK OF CIRCUIT COURT  
DADE COUNTY FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR and MGR

Name and Address:

AWI Holdings, Inc. c/o Larry Willis

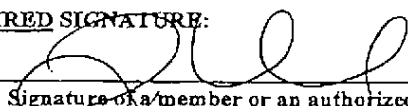
18401 NW 27th Avenue

Miami, FL 33056

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

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.

Larry Willis, President of AWI Holdings, Inc., Manager of Annette Willis Insurance Agency, LLC

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)

18 NOV 15 AM 9:55

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