# L19000153349

(Requestor's Name)
(Address)
(Address)
` ,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Emity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
openial management to running amount
-

Office Use Only



900323898109

02/04/19-01013-012

SECRETARY OF STAT

#### COVER LETTER

TO: **New Filing Section** 

Division of Corporations

SUBJECT: ELM Polygraph and Investigative Services, 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:

Edward L. Meyle
(Contact Person) ELM Polygraph and Investigative Services
(Firm/Company) 15554 Whispering Willow Brive

Wellington FL 33414

(City State and Zin Code)

elmpoly@gmail.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Edward L. Meyle at (865) 599 - 4823
(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)

LES 150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)

55 155.00 Filing Fees and Certificate of Status

Liss 180.00 Filing Fees and Certified Copy

្សីនិវិ85.00 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

Hello Ms. Fason,

I contacted your obbice today to learn the Status of my biling. I learned your obbice d. I not receive the re-submission I sent on February 23, 2019.

Please find enclosed a second re-submission sent to your attention, which now bears all required signatures and titles.

Please conclude the New Filing, which I originally initiated on January 29, 2019.

Ib you have any questions, please contact Me. Thank you bor your help!

Regards, Ed Edward Meyle

(865) 599-4823

#### COVER LETTER

**New Filing Section** 

Division of Corporations

SUBJECT: <u>ELM Polygraph and Investigative Services</u>, 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:

Edward L. Meyle

ELM Polygraph and Investigative Services
(Firm/Company)

15554 Whispering Willow Brive
(Address)

Wellington FL 33414 (City, State and Zip Code) elmpoly@gmail.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Edward L. Meyle at (865) 599-4823

(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)

55155.00 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

# **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:  ELM Polygraph and Investigative Services, 44C  (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Domes tie 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 Michigan  (Enter state, or if a non-U.S. entity, the name of the country)
on November 21, 2014.  (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
ELM Polygraph and Investigative Services, LLC. (Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: Date of Filing (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.

ZOIP JUN I I AM 7: 53
SECRETARY OF STATE
TACL AHASSEE FI

Signed this 29th day of January	20_19
Signature of Authorized Representative of Limite	
Signature of Authorized Representative:  Printed Name: Edward L. Meyle	Title: Manager
Signature(s) on behalf of Other Business Entity: [S	see below for required signature(s)]
Signature: Edward L. Mayle	Title: Managec
·	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
i tilliou italiio.	- I 777
Signature:	Title
Printed Name:	Title.
Signature:	
Printed Name:	_ Title:
Signature:	
Printed Name:	_ Title:
If Florida Corporation:	) 
Signature of Chairman, Vice Chairman, Director, or of If Directors or Officers have not been selected, an Inc.	corporator must sign.
If Florida General Partnership or Limited Liability Signature of one General Partner.	
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:
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) \$5.00 (Optional)
Certificate of Status:	Paran (Abranar)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ELM Polygraph and Inves (Must contain the words "Limited Liability	stigative Services, LLC.
(Must contain the words "Limited Liability	Company, "L.L.C" or "LLC.")
ARTICLE II - Address:	-i-1 office of the Visited Lightlity Company is:
The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1554 Whispering Willow Dr. Wellington FL 33414	15554 Whispering Willow Dr. Wellington FL 33414
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature:  ored Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
Edward L. A	Meyle 1
Edward L. P Name	
15554 Whisper	ring Willow Drive
Florida street address (P.O.	Box NOT acceptable)
Wellington	FL 334/4
Čity	Zip
liability company at the place designated in registered agent and agree to act in this capact statutes relating to the proper and complete paccept the obligations of my position as reg	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 605, F.S.

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager 1.  MGR	Edward L. Meyle 15554 Whispering Willow Dri Wellington FL 33414
<del></del>	
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	2 2. Marce
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155; F.S.	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felony
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155; F.S.	e with section 605.0203 (1) (b), Florida Statutes. I am aware that iment to the Department of State constitutes a third degree felony
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155; F.S.	with section 605.0203 (1) (b), Florida Statutes. I am aware that iment to the Department of State constitutes a third degree felony yped or printed name of signee
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155; F.S.	e with section 605.0203 (1) (b), Florida Statutes. I am aware that iment to the Department of State constitutes a third degree felony

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

ARTICLE IV-