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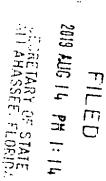
(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
W19-31	0427	

Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 11, 2019

CARLA ADELGREN 13800 SW 77 CT PALMETTO BAY, FL 33158

SUBJECT: PROFESSIONALLY SPEAKING ENGLISH LLC

Ref. Number: W19000036427

We have received your document for PROFESSIONALLY SPEAKING ENGLISH LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

(all homen

Rochelle E Kemple Regulatory Specialist II

Letter Number: 919A00007321

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www.sunbiz.org

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.

Professionally Speaking English Corp — 4692
(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
May 19, 2011 On
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Professionally Speaking English 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 this 16	lay of January	_ 20_19
Signature of Authoriz	ed Representative of Limi	ted Liability Company:
	l Representative: <u>Carla</u>	
Signature of Authorized	Representative:	- Cl. : (B)
Printed Name: Carla Adel	gren	Title: Chairman/Director
Signature(s) on behalf	of Other Business Entity: [See below for required signature(s)]
Signature: Carla S	S. Adelgren	Title. Alenger
Printed Name: Carla Adel	gren	Title. Alexanger
Drinted Names		Title:
rnnied Name:		
Signature:		
Printed Name:		Title:
Signature:		
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rinted Name	<u>.</u>	
Signature:		Title:
Printed Name:		Title:
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Drinted Names		Title:
rimed Name.	· - ,	
If Florida Corporation		
	Vice Chairman, Director, or	
If Directors or Officers	have not been selected, an In	corporator must sign.
If Florida General Par	tnership or Limited Liabili	ty Partnership:
Signature of one Genera		
tern in the tenne		a I to the J Decker subtract
Signatures of ALL Gen	<mark>tnership or Limited Liabili</mark> eral Partners.	ty Limited Partnersnip:
· —		
All others:		
Signature of an authoriz	ed person.	
Fees:		
Articles of Con	version:	\$25.00
	Articles of Organization:	\$125.00
Certified Copy:		\$30.00 (Optional)
Certificate of S		\$5.00 (Optional)
Certificate of 5	iatus.	22.00 (Ohiioiiai)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:	
Professionally Speaki (Must contain the words "Limited Liability 6	ag English 2.L.C.
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
13800 SW 77 CT palmetto Bay, FL 33158	5ame
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the reg	gistered agent are:
<u>Carla Adel</u> Name	gren FIL FIL
13800 SW 7 Florida street address (P.O.)	
Palmetto Bay City	FL 33158 Zip
liability company at the place designated in t registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate. I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 605. F.S

(CONTINUED)

Ciula. S adopur Registered Agent's Signature (REQUIRED)

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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 いんん	Carla Adelgren 13800 SW 77 CT Diami FL 33158
······	
	
(Use attachment if necessary)	ASSEE, FL
LE V: Other provisions, if any.	ORIO, —
DEALIDED SIGNATURE.	
<u>REQUIRED</u> SIGNATURE: Caula S. Adılja	24
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 with section 605.0203 (1) (b). Florida Statutes. I am aware ment to the Department of State constitutes a third degree fe
Carla S. Adel	gren ged or printed name of signee
Tv:	ded or printed name of signee