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(Requ	uestor's Name)	
(Addr	ess)	
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PICK-UP	☐ WAIT	MAIL
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(Docu	ıment Number)	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 20, 2020

WILLIAM WOHLSIFER, EQUIRE WILLIAM R. WOHLSIFER, PA 12612 4TH ISLE HUDSON, FL 34667-1928

SUBJECT: WILLIAM R. WOHLSIFER, PLLC

Ref. Number: W20000049958

We have received your document for WILLIAM R. WOHLSIFER, PLLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The correct forms for your filing are enclosed. Please complete and return with an additional payment of \$115.00.

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.

DANIEL L O'KEEFE Regulatory Specialist II

Letter Number: 520A00010221

COVER LETTER

TO: New Filing Sect Division of Cor				
SUBJECT: William R. V	Wohlsifer, PLLC			•
30D0ECT		ulting Florida Limi	ted Com	ipany)
				d fees are submitted to convert an "Other ecordance with s. 605,1045, F.S.
Please return all corresp	ondence concernin	g this matter to:		
William Wohlsifer, Esquire	9			
	(Contact Person)		•	
William R. Wohlsifer, PA				
	(Firm/Company)		-	
12612 4th Isle				
	(Address)		<u>=</u>	
Hudson, FL, 34667-1928	•			
	/, State and Zip Code)			
william@infringement-atto	•			
E-mail Address: (to be u			-	
E-mail Address, (to be t	sed for future annuar re	port notifications)		
For further information	concerning this ma	tter, please call:		
William Wohlsifer		at (378	- 3657
(Name of Contact	'erson)		./ (Dayı	time Telephone Number)
Enclosed is a check for dollars and drawn on a	-	-	rocess	ed by this office must be payable in US
	J\$155.00 Filing Fees and Certificate of tatus	□\$180.00 Filing and Certified Cop		☐S185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Addres	s <u>s:</u>		Street	Address:
New Filing Sect	ion		New F	Filing Section
Division of Corp	porations			on of Corporations
P.O. Box 6327			The C	entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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: William R. Wohlsifer, PA
(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
(Enter state, or if a non-U.S. entity, the name of the country)
April 10, 1998 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: William R. Wohlsifer, PLLC
(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 29	day of May	20 <u>20</u>	
Signature of Authorize	ed Representative of Lin	nited Liability Company:	
Signature of Authorized Printed Name: William We	Representative:	Manager Title: Manager	_
1 / 1	A 1 1 11	[See below for required signature(s)]	
Signature:	a for M	Title: President	- -
Signature:			_
Printed Name:		Title:	- -
Signature:		Title:	_
Printed Name:	 -:	Title:	_
Signature:Printed Name:		Title:	-
Printed Name:		Title:	-
Signature:			_
Printed Name:		Title:	_
	i Vice Chairman, Director, o ave not been selected, an I		
If Florida General Part Signature of one General	nership or Limited Liabi Partner.	litv <u>Partnership:</u>	
If Florida Limited Part Signatures of ALL Gene	nership or Limited Liabi ral Partners.	lity Limited Partnership:	;
All others: Signature of an authorize	ed person.		
Fees:			 r
Articles of Conv	ersion:	\$25.00	

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Fees for Florida Articles of Organization:

Certified Copy: Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

William R. Woh		ability Company, "L.L.C" or "LLC.")		
ARTICLE II	- Address:			
The mailing ac	ddress and street address of the	e principal office of the Limited	d Liability C	Company is:
Principal Off	ice Address:	Mailing Address:		
12612 4th Isle		12612 4th isle		
Hudson, FL, 34	667-1928	Hudson, FL, 34667-1928		•
				-
business entity wi	th an active Florida registration.) the Florida street address of the	egistered Agent. You must designate an i	:	20
	William Wohlsifer	ume		
	N.	ame		
	12612 4th Isle			
	12612 4th Isle	ame P.O. Box <u>NOT</u> acceptable) F1 34667-1928		04:11.EC COACH
	N. 12612 4th Isle Florida street address (1	P.O. Box NOT acceptable)		04:1189 COASI

(CONTINUED)

ARTICLE IV-

as provided for in s.817.155, F.S.

William Wolhlsifer

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	William Wohlsifer
	12612 4th Isle
	Hudson, FL, 34667-1928
(Use attachment if necessary)	ο
	: 20
ICLE V: Other provisions, if any.	——————————————————————————————————————
REQUIRED SIGNATURE:	5
	11 1.6
11/1400 11/	yla
Signature of a member or a	an authorized representative of a member
This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes, I am aware th
	ment to the Department of State constitutes a third degree feld

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)