

L20000358356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

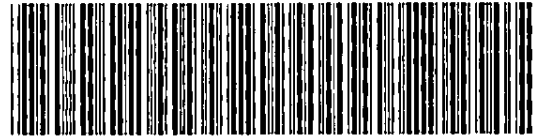
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500351751295

09/10/20--01008--027 \*\*150.00

20 OCT 26 PM 7:27  
1414851112951

D O'KEEFE  
NOV 20 2020

W2-114139



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 5, 2020

KELLY MCGRATH  
KELLY MCGRATH LAW, PLLC  
9601 MICCOSUKEE ROAD, LOT 41  
TALLAHASSEE, FL 32309

SUBJECT: KELLY MCGRATH LAW, PLLC  
Ref. Number: W20000114139

RECEIVED  
TALLAHASSEE, FL 32309  
20 OCT 26 PM 7:27

We have received your document for KELLY MCGRATH LAW, PLLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the section " Signature(s) on behalf of Other Business Entity: " in the Articles of Conversion. A signature is missing. Also, please print the name of the authorized representative below the signature in the Articles of Organization.

The specific purpose of the entity must be set forth in the document.

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: 320A00019312

2020 OCT 26 PM 6:05  
RECEIVED  
TALLAHASSEE, FL 32309

KELLY MCGRATH LAW, ~~PLLC~~  
PLLC

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Kelly McGrath Law, P.L.L.C.  
(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:

Kelly McGrath \*  
(Contact Person)  
Kelly McGrath Law, P.L.L.C.  
(Firm/Company)  
9601 Miccosukee Road, Lot 41  
(Address)  
Tallahassee, FL 32309  
(City, State and Zip Code)  
kelly@kellymcgrathlaw.com  
E-mail Address: (to be used for future annual report notifications)

20 OCT 26 PM 7:27  
TALLAHASSEE, FL 32309

For further information concerning this matter, please call:

Kelly McGrath at ( 850 ) 766-2769  
(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) ☐ \$155.00 Filing Fees and Certificate of Status ☐ \$180.00 Filing Fees and Certified Copy ☐ \$185.00 Filing Fees, Certified Copy, and Certificate of Status

**Mailing Address:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

New Filing Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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:

Kelly McGrath Law, PA  
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a Professional Association  
(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 12/6/2019  
(date of organization, formation or incorporation)

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

Kelly McGrath Law, PLLC  
(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: Now

**(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.

20 OCT 25 PM 7:27  
FALL ADAMSON 11/06/2019

Signed this 4th day of September 20 20

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative: Kelly McGrath  
Printed Name: Kelly McGrath Title: AP

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

Signature: K McGrath  
Printed Name: Kelly McGrath Title: general partner X

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)

20 OCT 25 PM 7:27  
ALLIANCE EITB 06-2024

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Kelly McGrath Law, PLLC

(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:

9601 Miccosukee Rd, Lot 41  
Tallahassee, FL 32309

### Mailing Address:

9601 Miccosukee Rd, Lot 41  
Tallahassee, FL 32309

## 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:

~~Dave~~ Dave Rivera

Name

9601 Miccosukee Road, Lot 41

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

Tallahassee

City

FL

32309

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)

TALLAHASSEE, FLORIDA

20 OCT 26 PM 7:27

LLP

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

Manager- MGR

~~Manager~~

**Name and Address:**

Kelly McGrath  
9601 Micoosokee Rd Lot 41  
Tallahassee, FL 32309

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use attachment if necessary)

20 OCT 20 PM 7:27  
FBI  
TALLAHASSEE  
FLORIDA

**ARTICLE V: Other provisions, if any.**

The specific purpose of This entity is  
to provide legal services.

**REQUIRED SIGNATURE:**

KMcGrath

**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.

Kelly McGrath X  
\_\_\_\_\_  
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)**