L21000121119

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(,
Certified Copies Certificates of Status
Gordinates of States
Special Instructions to Filing Officer:
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COVER LETTER

TO:	New Filing S Division of C					
SUBJ	ECT: Bronya f	Raisléy Insurance Agend	y, LLC			
			sulting Florida L	imited Co	mpany)	
The en	nclosed Article ess Entity" into	s of Conversion, Artic o a "Florida Limited L	les of Organiz iability Comp	ation, a any" in a	nd fees are submitted to conve accordance with s. 605.1045, F	rt an "Other S.S.
Please	return all corr	espondence concernin	g this matter t	0:		
Bronya	a Raisley					
		(Contact Person)				
Bronya	a Raisley Insura	nce Agency, LLC				
		(Firm Company)				
4841 F	Fruitville Rd. Uni	t 208				
		(Address)				
Saraso	ota FL 34232	, ,				
	((Dity, State and Zip Code)	· · · · · · · · · · · · · · · · · · ·			
praisle	yagency@gmail	.com				
E-n	unl Address: (to b	e used for future annual re	port notifications)		
For fu	rther information	on concerning this ma	tter, please cal	1:		
Bronya	Raisley		_at (<u>941</u>	,400-	4616	
	(Name of Conta	ct Persont	(Area Co	de) (Da;	4616 viime Telephone Number)	
Enclos dollars	sed is a check f and drawn on	or the following amou a bank located in the	nt: (All check	s proces	sed by this office must be pay:	ible in US
(\$25 for & \$125).00 Filing Fees Conversion for Articles nization)	□S155 00 Filing Fees and Certificate of Status	□\$180 00 Fib and Certified C		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status	2.7
	Mailing Addr New Filing Se Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7		New Divis The C 2415	t Address: Filing Section ion of Corporations Tentre of Tallahassee N. Monroe Street, Suite 810 massee, FL 32303	9/FL -5 /9/19:

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.	to the second the second transfer to the second transfer transfer to the second transfer trans

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Co Bronya Raisley Insurance Agency, LEC	nversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a Limited Liability Corporation (finter entity type. Example: corporation, limited partnership, general partnership, common law or b	
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or b	usiness trust, etc.)
First organized, formed or incorporated under the laws of	
2/14/2019	he country)
(date of organization, formation or incorporation)	
3. The name of the Florida I imited Liability Company as set forth in the attached Articles of C Bronya Raisley Insurance Agency, LLC)rganization:
(Ente: 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 calend 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 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 which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	the 2002 1 - 5 10: 23
·	

Signed this 2nd day of Febuary	20 <u> (</u> 21
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative of Lin Signature of Authorized Representative: Printed Name: Bronya Raisley	Title AMBR
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Printed Name BYCAIA RAIJICI	Title: AMBR
Signature: Printed Name:	
Signature:Printed Name:	
Signature:Printed Name:	
Signature: Printed Name:	
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In-	Officer. corporator must sign.
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership;
All others: Signature of an authorized person.	
Fees.	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Comp	pany is:	
Bronya Raisley Insurance Agency, LLC		
	ed Liability Company, "L L.C.," or "LLC.")	·
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limite	ed Liability Company is:
Principal Office Address:	Mailing Address:	
4841 Fruitville Rd Unit 208	4841 Fruitville Rd Unit 208	3
Sarasota FL 34232	Sarasota, FL 34232	,
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address	wn Registered Agent. You must designate an	ent's Signature; mdividual or another
Promoto	Partey	
- Brorna	XIIII	
	Name	
4841 Fruitville Rd Unit	208	
Florida street addres	ss (P.O. Box <u>NOT</u> acceptable)	
Sarasota	FL ³⁴²³²	
Cuy	Zip	
ilaving been named as registered agen liability company at the place design registered agent and agree to act in this statutes relating to the proper and con accept the obligations of my position	nated in this certificate, I hereby acc scapacity. I further agree to compl aplete performance of my duties, and as registered agent as provided fo	cept the appointment as ly with the provisions of all nd I am familiar with and
	,	7n?
Registered Agent	's Signature (REQUIRED)	7a21 F
	(NTINUED)	-5 7310:

<u>fitle:</u> AMBR" = Authorized Member	Name and Address:	
MGR" = Manager	0	
AMBR	Bronya Raistey	
	4841 Fruitville Rd Unit 208 Sarasota, FL 34232	
	Sarasota, FL 34232	
		-
	·····	
Jse attachment if necessary)		
,		
E V: Other provisions, if any.		
EQUIRED SIGNATURE:		1.0
By Cittle Office		
	()	
Signature of a member or	an authorized representative of a memb	er Ser
A fills Cocument is executed in accordance	e with section 605,0203 (1) (b). Florida Statutes, La iment to the Department of State constitutes a third	