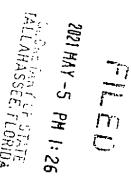


(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W21000 45257





03/03/21--01004--016 **150.00





April 5, 2021

PAMELA BAILEY 12720 NW 20TH CT CORAL SPRINGS, FL 33071

SUBJECT: COST-EFFICIENT PARALEGAL SERVICES, LLC

Ref. Number: W21000045257

We have received your document for COST-EFFICIENT PARALEGAL SERVICES, 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):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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.

Matthew T Moon
Regulatory Specialist II Supervisor

Letter Number: 421A00007007

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COVER LETTER

TO: New Filing S Division of	Section Corporations					
	ficient Paralegal Services,	LLC				
SUBJECT:	(Name of Resu	ilting Florida Limi	ted Com	oany)		
Business Entity" in	es of Conversion, Article to a "Florida Limited Lia respondence concerning	ibility Company	ion, and y" in ac	l fees are submitted to c cordance with s. 605.10	onvert an "Otl 145, F.S.	ner
Please featin an co.	respondence concerning	,				
Pamela Bailey						
	(Contact Person)					
Cost-Efficient Parale	gal Services, LLC				_	
	(Firm/Company)				2821 TAÜ	
12720 NW 20th Cou	rt		_		2021 MAY	
	(Address)		_		(0.3)	pre-
Coral Springs, FL 33	071			•	Service to	-
	(City, State and Zip Code)		_		t = -	: נ <u>ר</u>
pbailey@costefficier	itpsi.com				55 T	•
E-mail Address: (t	be used for future annual re	port notifications)	_		Ser 6	`
For further informa	ntion concerning this ma	tter, please call:	:			
Pamela Bailey		at (⁹⁵⁴	297-9	9643 rtime Telephone Number)	_	
(Name of Co	ntact Person)	(Area Cod	e) (Day	rtime Telephone Number)		
Enclosed is a chec dollars and drawn	k for the following amou on a bank located in the	int: (All checks United States)	process	sed by this office must t	oe payable in I	JS
S150.00 Filing Fee (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	S180.00 Filin and Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status		
P.O. Box 6	g Section f Corporations		New Divis	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite	e 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: Cost-Efficient Paralegal Services, Inc.
(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)
on September 30, 2011 (date of organization, formation or incorporation) 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Cost-Efficient Paralegal Services, 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.

P11000057259



•		
Signed this 26th	day of February	_20
Signature of Autho	orized Representative of Limit	ed Liability-Company:
Signature of Author	rized Representative	FEILLY
Drinted Mana: Pamel	la Bailey	Title CEO
rtimed Name. rame	ia baney	
/11 · / / 1. 1.	ale of Other Propose Entity 19	See below for required signature(s)
Signature(s) on ben	ian of Other Business Little	below for requirement sugarities (17)
a:		
Signature:	la Carlou	Title: CEO
Printed Name: Pame	la Bailey	_ True, <u>020</u>
Signature:		Title
Printed Name:		Title:
Signature:		Tid
Printed Name:		Title:
Signature:		(Pid
Printed Name:	 	
Signature:		TT: 1
Printed Name:		Title:
Signature:		
Printed Name:		Title:
If Florida Corpora	<u>ition:</u>	
Signature of Chairn	nan, Vice Chairman, Director, or G	Officer.
If Directors or Office	cers have not been selected, an Inc	corporator must sign.
If Florida General	<u>Partnership or Limited Liabili</u>	ty Partnership:
Signature of one Go	eneral Partner.	
If Florida Limited	Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL	General Partners.	
Organization of <u>Carrent</u>		
All others:		
Signature of an aut	horized person.	
Signature of an aut	norman person.	
Gare.		
Fees:		
v:1=1= · €	Conversion:	\$25.00
	Conversion:	
	orida Articles of Organization:	\$125.00
Certified C	Copy:	\$30.00 (Optional)
Certificate	of Status:	\$5.00 (Optional)



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Comp	pany is:
Cost-Efficient Paralegal Services, LLC	
(Must contain the words "Limite	ed Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
12720 NW 20th Court	P.O. Box 770754
Coral Springs, FL 33071	Coral Springs, FL 33077
business entity with an active Florida registration.) The name and the Florida street address	s of the registered agent are:
Pamela Bailey	
	Name
12720 NW 20th Cour	rt
Florida street addr	ress (P.O. Box NOT acceptable)
Coral Springs	FL 33071
City	Zip
liability company at the place designed registered agent and agree to act in the statutes relating to the proper and caccept the obligations of my positions. Registered Agent	ent and to accept service of process for the above stated limited ignated in this certificate, I hereby accept the appointment as his capacity. I further agree to comply with the provisions of all complete performance of my duties, and I am familiar with and ion as registered agent as provided for in Chapter 605, F.S

ARTICLE IV-

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

"MGR" = Manager			
Manager	Pamela Bailey		
	12720 NW 20th Court		
	Coral Springs, FL 33071		
			
			
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(Use attachment if necessary)		SEG S	
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CLE V: Other provisions, if any.		1:27 .08104	
		- Sm -	

REQUIRED SIGNATURE:

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.

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)