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Special Instructions to F	Filing Officer:	
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Office Use Only



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December 9, 2021

DEBRA A FAULKNER 3937 TAMPA RD #2 OLDSMAR, FL 34677

SUBJECT: PAULSON AND HEMLEY, L.L.C.

Ref. Number: W21000156984

We have received your document for PAULSON AND HEMLEY, L.L.C. and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

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: 421A00029731

## **COVER LETTER**

TO:	New Filing Section Division of Corporations							
SHR	JECT: PAULSON AND HEMLEY, L.L.C	).						
300	(Name of Re	sulting Fl	orida Lim	ited Cor	прапу)	_		
Busi	enclosed Articles of Conversion, Artic ness Entity" into a "Florida Limited L re return all correspondence concernin	iability (	Compan	y" in a				her
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DEB	RA A. FAULKNER					<del>_</del> -4		
	(Contact Person)			_		AL.	2021	
BUR	KE FAULKNER LAW, P.A.					, ≥:	B	_
-	(Firm/Company)					AS	2021 DEC 20	-
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OLD	SMAR, FL 34677					FLORI	AM IO:	Ų
	(City, State and Zip Code)			_		Şn	19	
DEB	BIE@BURKEFAULKNERLAW.COM							
E	mail Address: (to be used for future annual re	eport noti	fications)	_				
For	Further information concerning this ma	atter, ple	ase call	;				
DEB	RA A. FAULKNER	at (	727	, 9	39-4900			
	(Name of Contact Person)		Area Cod	e) (Da	ytime Telephone Number	г)		
	osed is a check for the following amo			proces	sed by this office mu	ist be payab	le in U	JS
(\$25 & \$1	150.00 Filing Fees for Conversion 25 for Articles ganization) \$\igcup\$\$ \$\square\$\$\$\$\$\$ \$155.00 Filing Fees and Certificate of Status		0.00 Filir ertified C		\$185.00 Filing Fees Certified Copy, and Certificate of Status	s <b>,</b>		
	Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			New Divis The 2415	et Address: Filing Section sion of Corporations Centre of Tallahasses N. Monroe Street, S ahassee, FL 32303			



## 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: PAULSON AND HEMLEY, L.L.C.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY
(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)
DECEMBER 26, 2001 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:
PAULSON AND HEMLEY, L.L.C.
(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 thisIst day ofNovember	_ 20_21
Signature of Authorized Representative of Limit	ed Liability Company:
Signature of Authorized Representative:  Printed Name: DEBRA A. FAULKNER	g (thurster)
Printed Name: DEBRA A. FAULKNER	Title: ATTORNEY
Signature(s) on behalf of Other Business Entity: [5	See below for required signature(s)
Signature: JANET R. HEMLEY Signature: January Sulson	Title: MEMBER
Printed Name JANET R. HEMKEY	Title: MEMBER
Signature: Barbara Saulson	
Printed Name: BARBARA PAULSON	Title: MEMBER
6.	
Signature:Printed Name:	Title:
Fililed Name.	1110-
Signature:	
Signature:Printed Name:	_ Title:
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Signature:Printed Name:	Title:
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Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
<u>Fces:</u>	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified 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 Lim	e: iited Liability Company	is:		
PAULSON AND HEM				
(Must	contain the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")		
ARTICLE II - Add	ress:			
		e principal office of the Limite	d Liability Compa	any is:
Principal Office Ad	dress:	Mailing Address:		
2621 COVE CAY DE	R. UNIT 209	2621 COVE CAY DR. UN	TT 209	
CLEARWATER, FL	33760	CLEARWATER, FL 3376		
		<del></del>		
(The Limited Liability Com- business entity with an act	pany cannot serve as its own R ive Florida registration.)	red Office, & Registered Agregistered Agent. You must designate an		
The name and the ri	orida street address of th	ne registered agent are:	<b>≥</b> ~:	
<u>_</u> E	BURKE FAULKNER LAW	, P.A.	ברל. 1021	;
	Na	ame	DEC AHAA	7:
3	3937 TAMPA ROAD #2		320 SSE SSE	·
_	Florida street address (I	P.O. Box <u>NOT</u> acceptable)	ن الله الله الله الله الله الله الله الل	FILE
C	DLDSMAR	FL 34677	ZOZI DEC 20 AM 10: 1	Ö
_	City	Zip	10 <sub>A</sub>	-
liability compar registered agent ar statutes relating t	wat the place designate ad agree to act in this cap to the proper and complete the proper and the property of	ad to accept service of process f d in this certificate. I hereby ac pacity. I further agree to comp ete performance of my duties, a registered agent as provided for All (Company)	cept the appointme ly with the provision and I am familiar w	ent as ons of all ith and

(CONTINUED)

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	JANET R. HEMLEY
	2621 COVE CAY DR. UNIT 209
	CLEARWATER, FL 33760
MGR	BARBARA PAULSON
	2620 COVE CAY DR. UNIT 907
	CLEARWATER, FL 33760
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(Use attachment if necessary)	40 3.2.
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CLE V: Other provisions, if any.	
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REQUIRED SIGNATURE: / /)	S 11/1/2
SIGNATURE.	(a 1 4 . UZ)
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	-
Signature of a member or	an authorized representative of a member
This document is executed in accordance	e with section 605.0203 (1) (b), Florida Statutes. I am aware that
any false information submitted in a docu as provided for in s.817.155, F.S.	iment to the Department of State constitutes a third degree felony
DEBRA A. FAULKNER	

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)