

L23000485788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

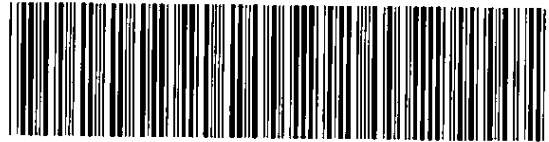
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC

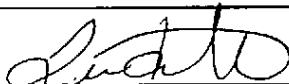
2330 CLARE DR

TALLAHASSEE, FL 32309

(850) 524-5437 / (850) 524-6243 / (850) 491-9625

**Please use funds from this account: I20210000160: \$125.00**

**Authorization Signature:** \_\_\_\_\_:



Lucas, Herndon, Hyers, and Bratcher, CPA, LLC

**BUSINESS NAME**

**DOCUMENT #**

\_\_\_ Certified Copy

\_\_\_ Certificate of Status

**NEW FILINGS**

\_\_\_ Profit Corp

\_\_\_ Not for Profit

\_\_\_ Limited Liability

\_\_\_ Domestication

\_\_\_ LLLP

\_\_\_ CORP

\_\_\_ Other

\_\_\_ Other

**AMMENDMENTS**

\_\_\_ Amendment

\_\_\_ Resignation of R.A. Officer/Director

\_\_\_ Change of Registered Agent

\_\_\_ Revocation of Dissolution

\_\_\_ Merger

X Articles of Conversion

\_\_\_ Restated Articles of Incorporation

\_\_\_ Statement of Authority

**OTHER FILINGS**

\_\_\_ Apostille

\_\_\_ Country

\_\_\_ Annual Report

\_\_\_ Fictitious Name

**REGISTRATION/QUALIFICATIONS**

\_\_\_ Foreign filing

\_\_\_ Reinstatement

\_\_\_ Qualification

\_\_\_ Other

**EXAMINER'S INITIALS: \_\_\_\_\_**

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## **COVER LETTER**

TO: New Filing Section  
Division of Corporations

SUBJECT: LUCAS, HERNDON, HYERS, AND BRATCHER, CPA, LLC  
(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:

DOUGLAS J. MILNE  
(Contact Person)

MILNE AND BUCKINGHAM  
(Firm/Company)

1912 HAMILTON ST. #203  
(Address)

JACKSONVILLE, FL 32210  
(City, State and Zip Code)

DOUG@MILNECORPJAX.COM  
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

D.J. MILNE at (904) 387.5400  
(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 on a bank located in the United States)

X \$150 Filing Fees  
(\$25 for Conversion & \$125 for Articles of Organization)

**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

INHS11 (7/17)

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

LUCAS, HERNDON, HYERS AND BRATCHER, CPA, LLC

(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:**

6129 ATLANTIC BLVD  
JACKSONVILLE, FL 32207

**Mailing Address:**

6129 ATLANTIC BLVD  
JACKSONVILLE, FL 32207

**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:

DOUGLAS J. MILNE, ESQ  
1912 HAMILTON ST #203  
JACKSONVILLE FL 32210

*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)

2023 CC 2-1-1

**ARTICLE IV -**

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

**Title:**

"AMBR" - Authorized Member  
"MGR" - Manager

**Name and Address:**

AMBR

RUSSELL BRATCHER, CPA

AMBR

JOSEPH C. HYERS, CPA

(Use attachment if necessary)

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

**AUTHORIZED TO MAINTAIN THE PRACTICE OF ACCOUNTING, AND ALL OTHER  
LAWFUL ACTIVITIES**

**REQUIRED SIGNATURE:**

D J Milne, Authorized Rep of a Member

**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.

D J MILNE, A/REP

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)**