

# L230000548859

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

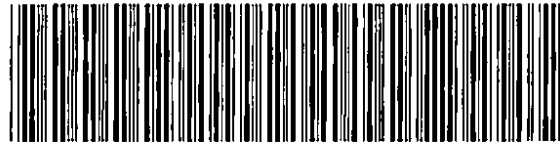
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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12/04/23--01048--001 \*\*150.00

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2023 DEC -4 PM 4:14  
FILING OFFICE  
FULTON, MISSOURI

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** GEMINI TAX AND ACCOUNTING 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:

LAWANDA NORRIS

(Contact Person)

GEMINI TAX AND ACCOUNTING LLC

(Firm/Company)

3000 MURRELL RD STE 5600084

(Address)

ROCKLEDGE, FLORIDA 32955

(City, State and Zip Code)

GEMINITAXPREP@GMAIL.COM

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

LAWANDANORRIS at (321) 225-2708  
(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)

<input checked="" type="checkbox"/> \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	<input type="checkbox"/> \$155.00 Filing Fees and Certificate of Status	<input type="checkbox"/> \$180.00 Filing Fees and Certified Copy	<input type="checkbox"/> \$185.00 Filing Fees, Certified Copy, and Certificate of Status
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**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

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2023 DEC -4 PM 4:14

SECRETARY OF STATE  
TALLAHASSEE, FL

**Articles of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Limited Liability Company**

FILED  
2023 DEC -1, PM 4:15  
TALLAHASSEE  
FLORIDA

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 §605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  
GEMINI TAX AND ACCOUNTING 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 FLORIDA  
(Enter state, or if a non-U.S. entity, the name of the country)

on 11/08/2023  
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:  
GEMINI TAX AND ACCOUNTING LLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: 01/01/2024

**(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 this 15TH day of NOVEMBER 20 23

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

Signature of Authorized Representative: Lawanda Norris  
Printed Name: LAWANDA NORRIS Title: MANAGING MEMEBER

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

Signature: Lawanda Norris  
Printed Name: LAWANDA NORRIS Title: PRESIDENT

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)

FILED  
2023 DEC -4 PM 4:14  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF  
DADE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

GEMINI TAX AND ACCOUNTING 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:

3000 MURREL RD

STE 560084

ROCKLEDGE, FL 32955

### Mailing Address:

3000 MURRELL RD

STE 560084

ROCKLEDGE, FL 32955

## 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:

LAWANDA NORRIS

Name

3000 MURRELL RD. STE 560084

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

ROCKLEDGE

FL 32955

City

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)

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2023 DEC -4 PM 4:14  
CLERK OF  
COUNTY OF  
FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

LAWANDA NORRIS

3000 MURRELL RD. STE 560084

ROCKLEDGE, FL 32955

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(Use attachment if necessary)

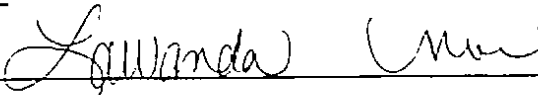
2023 DEC 14 PM 4:14  
CLERK OF COURT  
STATE OF FLORIDA  
TALLAHASSEE, FL

FILED

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

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

**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.

LAWANDA NORRIS

\_\_\_\_\_  
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)**

# Electronic Articles of Incorporation For

P23000079086  
FILED  
November 08, 2023  
Sec. Of State  
tscott

GEMINI TAX AND ACCOUNTING INC

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

## Article I

The name of the corporation is:

GEMINI TAX AND ACCOUNTING INC

## Article II

The principal place of business address:

3000 MURRELL RD  
STE 560084  
ROCKLEDGE, FL, US 32955

The mailing address of the corporation is:

3000 MURRELL RD  
STE 560084  
ROCKLEDGE, FL, US 32955

## Article III

The purpose for which this corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

## Article IV

The number of shares the corporation is authorized to issue is:

1000

## Article V

The name and Florida street address of the registered agent is:

LAWANDA NORRIS  
3000 MURRELL RD  
STE 560084  
ROCKLEDGE, FL. 32955

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: LAWANDA NORRIS

FILED  
2023 DEC -4 PM 4:14  
CLERK OF COURT  
CLERK OF COURT  
CLERK OF COURT

P23000079086  
FILED  
November 08, 2023  
Sec. Of State  
tscott

## Article VI

The name and address of the incorporator is:

LAWANDA NORRIS  
3000 MURRELL RD  
STE 560084  
ROCKLEDGE, FLORIDA 32955

Electronic Signature of Incorporator: LAWANDA NORRIS

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

## Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P  
LAWANDA NORRIS  
3000 MURRELL RD, STE 560084  
ROCKLEDGE, FL 32955 US

## Article VIII

The effective date for this corporation shall be:

01/01/2024

FILED  
2023 DEC -4 PM 4:14  
CLERK OF COURT  
TALLAHASSEE, FL



# *State of Florida*

## *Department of State*

I certify the attached is a true and correct copy of the Articles of Incorporation of GEMINI TAX AND ACCOUNTING INC. a Florida corporation, filed electronically on November 08, 2023 effective January 01, 2024, as shown by the records of this office.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

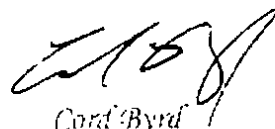
The document number of this corporation is P23000079086.

Authentication Code: 231109091025-700418690367#1

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2023 DEC -4 PM 4:14  
SECRETARY OF STATE  
TALLAHASSEE FL

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this the  
Ninth day of November, 2023



  
Cord Byrd  
Secretary of State