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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 01-24-14

NAME: LONG LANE CONSULTANTS (F), LLC

TYPE OF FILING: CONVERSION

COST: 35.00 + 70.00

RETURN: PLAIN COPY

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2014 JAN 24 AM 7:55

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a **Florida Profit Corporation** in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

LONG LANE CONSULTANTS (F), LLC - L12000007888

Enter Name of Other Business Entity

2. The "Other Business Entity" is a **limited liability company**

(Enter entity type. Example: limited liability company, 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 **January 17, 2012**

Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**

LONG LANE CONSULTANTS (F), INC.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date:

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

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Signed this 22nd day of January

, 2014

2014 JAN 24 AM 7:55

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: 

Printed Name: Ella Cook

Title: President

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

Signature: 

Printed Name: Ella Cook

Title: Authorized Person

Signature: _____

Printed Name: _____

Title: _____

Signature: _____

Printed Name: _____

Title: _____

Signature: _____

Printed Name: _____

Title: _____

Signature: _____

Printed Name: _____

Title: _____

Signature: _____

Printed Name: _____

Title: _____

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.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

| | |
|---|-------------------|
| Certificate of Conversion: | \$35.00 |
| Fees for Florida Articles of Incorporation: | \$70.00 |
| Certified Copy: | \$8.75 (Optional) |
| Certificate of Status: | \$8.75 (Optional) |

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: LONG LANE CONSULTANTS (F), INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

9041 WINDSWEPT DRIVE

BONITA SPRINGS, FL 34135

Mailing address, if different is:

9041 WINDSWEPT DRIVE

BONITA SPRINGS, FL 34135

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: One Thousand (1,000)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ellis Cook, Director
Address: 9041 WINDSWEPT DRIVE
BONITA SPRINGS, FL 34135

Name and Title: Ellis Cook, President
Address: 9041 WINDSWEPT DRIVE
BONITA SPRINGS, FL 34135

Name and Title: Ellis Cook, Secretary
Address: 9041 WINDSWEPT DRIVE
BONITA SPRINGS, FL 34135

Name and Title: Ellis Cook, Treasurer
Address: 9041 WINDSWEPT DRIVE
BONITA SPRINGS, FL 34135

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Ellis Cook
Address: 9041 WINDSWEPT DRIVE
BONITA SPRINGS, FL 34135

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ARTICLE VII INCORPORATOR

The ~~name and address~~ of the Incorporator is:

Name: Ellis Cook
Address: 9041 WINDSWEPT DRIVE
BONITA SPRINGS, FL 34135

.....
Having been named as registered agent to accept service of process for the above stated corporation in the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

1/22/14

Date

I submit this document and affirm that the facts stated herein are true. 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.



Required Signature/Incorporator

1/22/14

Date