

LO8000011611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

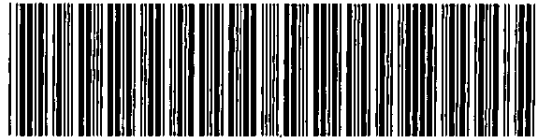
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

A. LUNT

FEB - 1 2008

EXAMINER

*Law Offices of Mara Shaughnessy, P.A.  
16132 Churchview Drive, Suite 205-B  
Lithia, FL 33547  
(813) 657-6700  
(813) 657-7660 Facsimile*

January 28, 2008

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

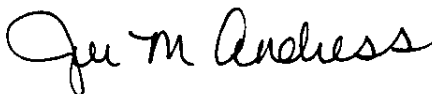
RE: Load Authority Conversion  
Ambiance Salon Conversion

Dear Sir or Madam:

Enclosed please find two LLC packages along with our firm checks for fees. Please forward the executed documents to our attention at the above-listed address.

If you have any questions or concerns, please do not hesitate to contact us at (813) 657-6700. Thank you.

Sincerely,



Jill M. Address  
Paralegal to Mara Shaughnessy

/jma  
Enclosure

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Load Authority, LLC  
(Name of Resulting Florida Limited Company)

The enclosed Certificate 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. 608.439, F.S.

Please return all correspondence concerning this matter to:

Mara Shaughnessy, Esquire  
(Contact Person)

Law Offices of Mara Shaughnessy  
(Firm/Company)

16132 Churchview Drive, Suite 205-B  
(Address)

Lithia, FL 33547  
(City, State and Zip Code)

For further information concerning this matter, please call:

Mara Shaughnessy, Esquire at ( 813 ) 657-6700  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

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Enclosed is a check for the following amount:

- \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)     \$155.00 Filing Fees and Certificate of Status     \$180.00 Filing Fees and Certified Copy     \$185.00 Filing Fees, Certified Copy, and Certificate of Status

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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

This Certificate 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.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:  
**Load Authority, Inc.**

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a **corporation**  
(Enter entity type. Example: corporation, limited partnership, sole proprietorship, 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 **05/17/2007**

(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 Limited Liability Company as set forth in the **attached Articles of Organization**:

**Load Authority, LLC**

(Enter Name of Florida Limited Liability Company)

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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 Organization, if an effective date is listed therein.)

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

Signature of Authorized Person: \_\_\_\_\_

Printed Name: Inna Konyayeva Title: Secretary

**Fees:**

Certificate of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Load Authority, LLC

(Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

3910 Cedar Cay Circle  
Valrico, FL 33594

**Mailing Address:**

3910 Cedar Cay Circle  
Valrico, FL 33594

**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:

Dmitriy Konyayev

3910 Cedar Cay Circle  
Name  
Florida street address (P.O. Box **NOT** acceptable)

Valrico, FL 33594 FL  
City, State, and Zip

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*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 608, F.S.*

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Dmitriy Konyayev

3910 Cedar Cay Circle

Valrico, FL 33594

MGR

Emir Vejzovic

6057 Sandhill Ridge Drive

Lithia, FL 33547

MGR

Inna Konyayeva

3403 Cypress Landing

Valrico, FL 33594

(Use attachment if necessary)

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**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_  
(OPTIONAL)

**(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)**

**REQUIRED SIGNATURE:**

\_\_\_\_\_  
**Signature of a member or an authorized representative of a member.**

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Inna Konyayeva

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