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PICK-UP	WAIT	MAIL
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(Docun	nent Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filir	ig Officer:	
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Office Use Only



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T. HAMPTON

MAR 1 9 2009

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: D-Tox Consu	lting, LLC
(Name of Resulting	Florida Limited Company)
The enclosed Certificate of Conversion, Acconvert an "Other Business Entity" into a accordance with s. 608.439, F.S.	rticles of Organization, and fees are submitted t 'Florida Limited Liability Company" in
Please return all correspondence concerning	g this matter to:
Daniel Richardson (Contact Person) D-Tox Consulting (Firm/Company)	
(Contact Person)	
D-Tox Consulting.	LLC
(Firm/Companys)	
2229 Hickory Cour (Address)	+
(Address)	
Tallaharra FL 323	05
Tallahassee, FL 323 (City, State and Zip Code)	
•	
For further information concerning this ma	atter, please call:
Daniel Richardson	at (860) 933-0940 (Area Code and Daytime Telephone Number)
(Name of Contact Person)	(Area Code and Daytime Telephone Number)
Enclosed is a check for the following amou	ınt:
\$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 Status Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P. O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314
rananassee, i'l Jajul	•

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:		
Daniel Richardson Consulting (Enter Name of Other Business Entity)		
(Enter Name of Other Business Entity)		
The south Project Project Sale accepted		
2. The "Other Business Entity" is a Sole proprietorship		
(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)		
9 / 26 / 2008		
on 9 / 20 / 2008 (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:		
D- Tox Consulting LLC (Enter Name of Florida Limited Liability Company)		
(Enter Name of Florida Limited Liability Company)		
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 17 th day of March	20 <u>09</u>
Signature of Member or Authorized Representati	ive of Limited Liability Company:
Signature of Member or Authorized Representative: Printed Name: Daniel Richardson	Title: Owner
Signature(s) on behalf of Other Business Entity: [S	
Signature: Printed Name: Daniel Richardson	D
Printed Name: Daniel Richardson	Title: Owner
Signature:	
Printed Name:	Title:
Circumstance.	
Signature:Printed Name:	Title:
Signature:Printed Name:	Tida
Timed Name.	Title.
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Of If Directors or Officers have not been selected, an Inco	
If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Fees for Florida Articles of Organization: Certified Copy:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

Page 2 of 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam The name of the Lir		npany is:		
D-Tox (Must end with the words	Consulting	LLC		
(Must end with the words "LLC.")	"Limited Liability Compo	any," the abbreviation "L	.L.C.," or the designat	ion
ARTICLE II - Add The mailing address Liability Company	and street address	of the principal of	fice of the Limite	ed .
Principal Office Ac	ddress:	<u>Mailing</u>	Address:	
Z229 Hickory Tallahassee,	, Ct. FL 32305	2229 Talla	Hickory Ct hassee FL	32305
ARTICLE III - Re Signature: (The Limited Liability Cor individual or another business entity with an ac	mpany cannot serve as its	own Registered Agent. \		ent's
The name and the F	lorida street addres	s of the registered	agent are:	
_	Daniel	Richardson		
·	Danie 2229 Hiok Florida street addre	Name		
•	Florida street addre	ess (P.O. Box <u>NOT</u>	acceptable)	
	Tallahassec	FL	32305	
•	C	City, State, and 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 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

DO MAD TO AM IN 35

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:

· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	(Use attachment if necessary)
ARTICLE V: Effective date, if other than the date	ate of filing:
	(OPTIONAL)
(The effective date: 1) cannot be prior to not document is filed by the Florida Department the effective date listed in the attached Cerdate is listed therein.)	of State; AND 2) must be the same as
REQUIRED SIGNATURE:	
- W	
Signature of a member or an author	prized representative of a member.
(In accordance with section 608.40) of this document constitutes an affirm that the facts state	mation under the penalties of perjury

Filing Fees:

Daniel

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Typed or printed name of signee

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Page 2 of 2