# L10000062161

(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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## COVER LETTER

Registration Section Division of Corporations

TO:

• • • • • • • • • • • • • • • • • • •		
	SCO JEWELLY & PAUN, LC 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	g this matter to:	
SHEILA LABOSC (Contact Person)	.0	
(Firm/Company)		
118 S. BEACH S	ST	
(Address)  DAY TOWN BUH  (City, State and Zip Code)	FL 32114	
E-mail Address: (to be used for future annual report notifications)		
For further information concerning this matter, please call:		
SHEILA LABOSCO (Name of Contact Person)	at (386) -258-011	
,	(Area Code and Daytime Telephone Number)	
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  Certified Copy, and Certificate of Status	
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations  Clifton Building	Division of Corporations P. O. Box 6327	
2661 Executive Center Circle	Tallahassee, FL 32314	
Fallahassee, FL 32301		

FILED

### 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

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TALLAMASSEERE ORIDA

Page 1 of 2

(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; <u>AND</u> 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is

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

listed therein.)

Signed this The day of June	
Signature of Member or Authorized Representa	
Signature of Member or Authorized Representative Printed Name: 519119 L. LACOSCO	e: Shila L. Laborer
Signature(s) on behalf of Other Business Entity:	
Signature:	
Printed Name: JOSEPH P. LABOSCO	Title: PRESIDENT
Signature: She Day Cabour Printed Name: SHELLA L. LASCOCO	<i>O</i>
Printed Name: SHEILA L. CASOGO	_ Title: VICE PRESIDENT
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Certificate of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)

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

ARTICLE I - Name:
The name of the Limited Liability Company is:
Must end with the words "Limited Liability Company," the abbreviation "L.C.," or the designation "L.C."
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address:  Mailing Address:
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:
SHELLA LILABOSCO
3930 S. PeninSula DR Florida street address (P.O. Box NOT acceptable)
DAYTONA RHFL 32127 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, If,S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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:	
MORM	JOSEPH P. LABOSCO 3930 S. PENINSULA DR. DAYTONA BEH, FL 3212	
morm	SHEILAL, LABOSCO 3930 S. Deninsula, Dr. Daytona Bry FL 32121	
<del></del>		
<del></del>	(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the office of the effective date: 1) cannot be prior to not document is filed by the Florida Department the effective date listed in the attached Ce date is listed therein.)  REQUIRED SIGNATURE:	(OPTIONAL) or more than 90 days after the date this to of State; AND 2) must be the same as	
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.)		
SHELLA L. LABOSCO 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)

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