L11000143992

(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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04/13/11--01004--012 **106.25

03/31/11--01017--010 **43.75

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SECRETARY OF STATE
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T. CLINE

APR 13 2011

EXAMINER

pg- 95960



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 4, 2011

KENNETH THIEL 1517 FULFORD ROAD MONTICELLO, FL 32344

SUBJECT: FLORO II, LLC Ref. Number: W11000018887

We have received your document for FLORO II, LLC and check(s) totaling \$43.75 of which \$43.75 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$106.25 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

We are enclosing the proper form(s) with instructions for your convenience.

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Organization, if any.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 911A00008052

COVER LETTER

TO: Registration Division of	n Section f Corporations				
SUBJECT:	FLORD I	E, LLC			
	, (Name	of Resulting Florida Limite	ed Company)	— _	
The enclosed Cert "Other Business E	ificate of Conversion, ntity" into a "Florida	Articles of Organization Limited Liability Com	on, and fees are submitte pany" in accordance witl	ed to convert an h s. 608.439, F.S.	
Please return all co	orrespondence concert	ning this matter to:			
Kenne	+h L. T (Contact Person)	hiel			
_ Floo	(Firm/Company)	-c			
1517		d N d			
	(Address)				
Monte	Cello, FL (City, State and Zip Cod	32344			
E-mail address: (to be		L. Com			
For further informa	ation concerning this i	natter, please call:			
Kennett (Name of Co	ntact Person)		656-1472 Daytime Telephone Number		
Enclosed is a check	k for the following am	iount:		2011) SECF	
\$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	TARY OF S	424
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314		9: 50 STATE ORIDA	
Tallahassee, FL 32	2301				

Certificate of Conversion For

"Other Business Entity"

Into

Into
Florida Limited Liability Company

This Certificate of Conversion and attached Articles of Organization are submitted to convert following "Other Business Entity" into a Florida Limited Liability Company in accordance s 608 439 Florida Statutes s.608.439, Florida Statutes.

1. The name of the "Oth	er Business Entity" immediately prior to the filing of this Certificate of
Conversion is:	FLORO II Inc
	(Enter Name of Other Business Entity)
(Ente	Entity" is a er entity type. Example: corporation, limited partnership, eneral partnership, common law or business trust, etc.)
(En	or incorporated under the laws of Florida. Iter state, or if a non-U.S. entity, the name of the country) Other Business Entity" was first organized, formed or incorporated)
v	he "Other Business Entity" was changed, the state or country under the laws of d, formed or incorporated:
4. The name of the Flori Organization:	ida Limited Liability Company as set forth in the attached Articles of
	(Enter Name of Florida Limited Liability Company)
	(Enter Name of Florida Limited Liability Company)
(The effective date: 1) filed by the Florida Dep	date of filing, enter the effective date: cannot be prior to nor more than 90 days after the date this document is partment of State; AND 2) must be the same as the effective date listed in the ganization, if an effective date is listed therein.)
	mitted by the applicable law(s) governing the other business entity and the h such law(s) and the requirements of s.608.439, F.S., in effecting the conversion.

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is

currently organized, formed or incorporated.

(5# day of April Signature of Member or Authorized Representative of Limited Liability Company: Individual signing affirms that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S. Signature of Member or Authorized Representative: Printed Name: Kenneth L Thiel Title: Signature(s) on behalf of Other Business Entity: Individual(s) signing affirm(s) that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S. [See below for required signature(s).] Printed Name: Kenneth L. Printed Name: Velda Signature: __ ____ Title: ____ Printed Name: 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: Certificate of Conversion: \$25.00

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)
Page 2 of 2

Fees for Florida Articles of Organization:

Certified Copy:

Certificate of Status:

'ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
The name of the Elimica Diability Company is.		
FLORO II,	LLC	
(Must end with the words "Limited Liability Company, the abb	reviation "L.L.C.," or the designation "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liabil	ity Company is:
Principal Office Address:	Mailing Address:	
Honticello, PC 32344	1517 Fulfore Monticello,	1 2D FC 32344
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)		
The name and the Florida street address of the r	registered agent are:	
RENNAH I	THICK	
Klnnath L		
1517 FULF	(P.O. Box NOT acceptable)	
,	· · · · · · · · · · · · · · · · · · ·	
MONTICETIO City,	FL 32349 State, and Zip	
Having been named as registered agent and to ac company at the place designated in this certificat agree to act in this capacity. I further agree to co proper and complete performance of my duties, a position as registered agent as provided for in Ch	ccept service of process for the above e, I hereby accept the appointment a comply with the provisions of all statu and I am familiar with and accept the	as registered agent and utes relating to the
Kemat	Miel	2011 APR SECRETA
	Agent's Signature (REQUIRED) (CONTINUED)	R 12 AM
	Page 1 of 2	M 9: 5

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _ (OPTIONAL) (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 Certificate of Conversion, if an effective date listed therein.) **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 (In accordance with section 608.408(3), Florida Statutes, the execution of this document constituted in a the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a third degree felony as provided for in s.817.155, FACE document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.

Page 2 of 2

Rewarth L. THIEL

Typed or printed name of signee