10000011111

(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:
W 00-4910 1

Office Use Only



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11/07/06-01021--001 **150.00

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SECRETARY OF STATE DIVISION OF CRPSTATIONS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: A1 Shoe Repair at Deerwood, 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:
Dina Anastasio
(Contact Person) A1 Shoe Repair at Deerwood, LLC.
(Firm/Company)
9980 Baymeadows. Road
(Address)
Jacksonville, Fl 32256
(City, State and Zip Code)
For further information concerning this matter, please call:
Dina Anastasio _{at (} 904 ₎ 641-7777
(Name of Contact Person) (Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount:
\$\sumsetern{align*} \frac{1}{2} \\$150.00 \text{ Filing Fees} & \text{\$\sumsetern*} \\$\$155.00 \text{ Filing Fees} & \text{\$\sumsetern{align*} \sumsetern{align*} \simma \text{ \text{ Certified Copy, and Certified Copy, and Certificate of Status of Organization) \end{align*} \simma \text{ \text{ Certificate of Status} \simma \text{ \text{ Certificate of Status} \simma \text{ \text{ \text{ Certificate of Status}} \simma \text{ \text{ Certificate of S
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



November 8, 2006

DINA ANASTASIO 9980 BAYMEADOWS ROAD JACKSONVILLE, FL 32256

SUBJECT: A1 SHOE REPAIR AT DEERWOOD, LLC

Ref. Number: W06000049107

We have received your document for A1 SHOE REPAIR AT DEERWOOD, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Our office received your document on November 7, 2006.,

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) 245-6853.

Letter Number: 206A00065923

Leslie Sellers Document Specialist

A1 SHOE REPAIR at DEERWOOD

9980 Baymeadows Road Jacksonville, FI 32256 904-641-7777

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, Fl 32314 Attn: Leslie Sellers

November 13, 2006

Re: Reference #W06000049107

Dear Ms. Sellers;

I have received your letter requesting changes to the attached application for conversion to an LLC, and I am resubmitting with the updates.

Please note, I was following the directions as listed on the Articles of Organization Form which states that if an effective date is listed, it cannot be more that <u>5 business days prior</u> to or 90 days after the date of filing. As the forms were postmarked November 6th, I understood this to make a November 1st date acceptable. We were trying to have everything coincide with the November 1st date of the original date of the business formation.

I am sorry for any inconvenience this has caused, and I have resubmitted with a December 1st effective date. I thank you for your attention in this transaction.

Sincerely, Dina Anastasio

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: A1 Shoe Repair at Deerwood A DROPOURD
(Enter Name of Other Business Entity)
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)
on November 1, 2001
(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:
n/a
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
A1 Shoe Repair at Deerwood, LLC.
(Enter Name of Florida Limited Liability Company)

Page 1 of 2

5. If not effective on the date of filing, enter the effective date: December 1, 2006 (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 13 day of November 2006.

Signature of Authorized Persop:

Printed Name: Peter Anastasio Title: Owner/manager

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)

Page 2 of 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

A1 Shoe Repair at Deerwood, LLC.

(Must cnd with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "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:
9980 Baymeadows. Road	same
Jacksonville, Fl 32256	
	/************************************

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:

Dina Anastasio	
9980 Baymeadows. Road	
Florida street address (P.O. Box NOT accepta	able)
Jacksonville, Fl 32256 _{FL}	
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 DIVISION OF CURPORATIONS

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

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

MGRM	Peter/Dina Anastasio
	9980 Baymeadows. Road
	Jacksonville, FI 32256
(Use attachment if necessary)	
T.F.V. Effective date if other tha	in the date of filing: December 1, 2006 (OPTIONAL)
	ust be specific and cannot be more than five business days prior

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.)

Peter Anastasio

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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