

L000000013610

Howard R. McLees  
H.R. McLees & Associates  
186 Westward, Suite 3  
Miami Springs, FL 33166  
Phone: 305.887.0529  
Facsimile: 305.888.6070

October 20, 2000

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314  
(850)487-6051

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-11/01/00--01094--001  
\*\*\*\*155.00 \*\*\*\*155.00

To Whom It May Concern:

This letter serves as my official request to form a Florida Limited Liability Company,  
H.R. McLees & Associates, L.L.C.

In addition to the Articles of Organization for a Florida Limited Liability Company, I  
hereby submit a Certificate of Conversion required by section 608.439, Florida Statutes,  
for the unincorporated business entity H.R. McLees & Associates, 186 Westward Drive,  
Suite 3, Miami Springs, FL 33166, Doc# G00271900071, Date filed 9-27-2000, in Dade  
County, Expiration Date 12-31-2005 to convert my sole proprietorship into a Florida  
Limited Liability Company.

Pursuant to your instructions, enclosed please find a check in the amount of **\$155.00USD**  
for the \$100.00USD Filing Fee for the Articles of Organization, the \$25.00USD  
Designation of Registered Agent Fee, the \$25.00USD Filing Fee for Certificate of  
Conversion and the \$5.00USD Certificate of Status Fee.

Thank you for your immediate attention to this matter.

Sincerely,



Howard R. McLees

L00-13610



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00 NOV -1 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## CERTIFICATE OF CONVERSION

Pursuant to section 608.439, Florida Statutes, the following unincorporated business entity hereby submits the attached articles of organization and this certificate of conversion to convert to a Florida limited liability company:

FIRST: The name of the unincorporated business immediately prior to filing this document was:

H.R. McLees & Associates

SECOND: The date on which and the jurisdiction in which the unincorporated business was first created or otherwise came into being are:

- A. Date: September 27, 2000
- B. Jurisdiction: Dade County
- C. If different from the above noted jurisdiction, the jurisdiction immediately prior to its conversion: \_\_\_\_\_.

THIRD: The name of the limited liability company as set forth in the attached articles of organization is:

H.R. McLees & Associates, L.L.C.



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.)

Howard R. McLees

Typed or Printed Name of Signee

FILED  
00 NOV - 1 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I-Name:

H.R. McLees & Associates, L.L.C.

## ARTICLE II-Address:

186 Westward, Suite 3, Miami Springs, FL 33166, Dade County

## ARTICLE III-Registered Agent, Registered Office & Registered Agent's Signature:

Howard R. McLees

Name

186 Westward, Suite 3

Florida Street Address

Miami Springs, FL 33166

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..*



Howard R. McLees, Registered Agent

## ARTICLE IV-Management(Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.



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.)

Howard R. McLees

Typed or printed name of signee

FILED  
00 NOV - 1 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA