

LA1000021094

JOSEPH W. EVICH, CPA
2296 Habersham Drive
Clearwater, FL 33764

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TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

02815

11/30

SUBJECT: Joseph W. Evich, CPA, PLC

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-11/30/01--01043--004
****150.00 ****150.00

MJH

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of Florida Limited Liability Company:

- \$ 100.00 Filing fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 25.00 Certificate of Conversion

A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$5 if a certificate of status is needed. The fee for a certified copy is \$30. Please send one check for the total amount made payable to the Florida Department of State.

FROM: Joseph W. Evich
2296 Habersham Dr.
Clearwater, FL 33764
727-824-7794

FILED
01 NOV 30 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF CONVERSION
TO A LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the other entity prior to conversion is:

Joseph W. Evich, CPA

ARTICLE II - Formation:

The date and jurisdiction of the formation of the other entity is:

January 1, 2001
Clearwater Florida, Pinellas County

ARTICLE III - New name:

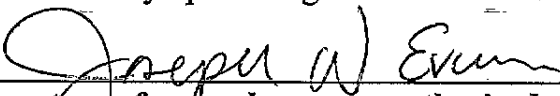
The name of the limited liability company on the new articles of organization being
filed herewith:

Joseph W. Evich, CPA, PLC

ARTICLE IV - Effective date:

The conversion is to be effective:

Immediately upon filing this certificate and the articles of organization



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this
affidavit constitutes an affirmation under the penalties of perjury that the facts
stated herein are true.)

Joseph W. Evich

Typed or printed name of signee

FILED
01 NOV 30 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA
PROFESSIONAL LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Joseph W. Evich, CPA, PLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

2296 Habersham Dr. Clearwater, FL 33764

ARTICLE III - Registered Agent

The name and street address of the initial registered agent are:

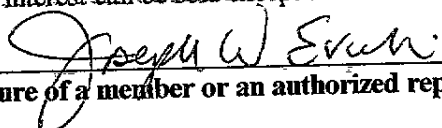
Joseph W. Evich
2296 Habersham Dr.
Clearwater, FL 33764

ARTICLE IV - Management:

The Limited Liability Company is to be managed by the members.

ARTICLE V - Professional Limited Liability Company

This limited liability company shall be a professional limited liability company under Florida Statutes Chapter 621. The business of the company is limited to the profession of Certified Public Accounting and no person or entity shall be admitted as a member unless he, she or it is qualified to practice this profession. Further, no interest can be sold except to someone so qualified.



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Joseph W. Evich

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

Joseph W. Evich, CPA, PLC

2. The name and the Florida street address of the registered agent are:

Joseph W. Evich

NAME

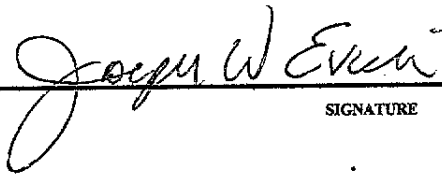
2296 Habersham Dr.

Florida street address (P.O. Box NOT ACCEPTABLE)

Clearwater, FL 33764

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 proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



SIGNATURE