

L030000006390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

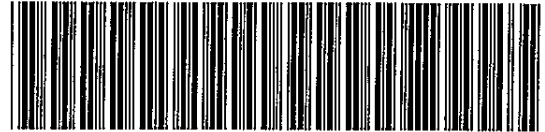
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400012557404

02/20/03--01052--005 \*\*150.00

RECEIVED  
TALLAHASSEE, FLORIDA

03 FEB 20 09 9:20

FILED

L03-6390  
gk

Steven D. Kaluza  
PO Box 374  
Anna Maria, FL 34216  
(941) 778-4173

Monday, February 17, 2003

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Attached is the ARTICLES OF ORGANIZATION for Paradise Improvements, LLC.

Enclosed is a check, in the amount of \$150.00, payable to the FLORIDA  
DEPARTMENT of STATE for this filing.

Please send a letter of acknowledgment to the address above.

Sincerely,

  
Steven D. Kaluza

03 FEB 20 09 59:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## 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:

Paradise Improvements DOC #G97076000116

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

A. Date: March 17, 1997

B. Jurisdiction: Manatee County Florida

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:

Paradise Improvements, LLC

  
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.)

Steven D. Kaluza  
Typed or Printed Name of Signee

### FILING FEES:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Filing Fee for Registered Agent Designation

\$ 25.00 Filing Fee for Certificate of Conversion

\$30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

(Note: Section 608.439, F.S., does not provide for a corporation to convert to a limited liability company.)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 FEB 20 PM 9:20

FILED

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

**ARTICLE I - Name: Paradise Improvements, LLC**

**ARTICLE II - Address: PO Box 374, Anna Maria, FL 34216**

**ARTICLE III - Purpose: To engage in any lawful business for which limited liability companies may be organized in Florida**

**ARTICLE IV - Management: Member-managed**


**ARTICLE V - Duration: Perpetual**

**ARTICLE VI - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

**Steve D. Kaluza  
304 Magnolia Avenue  
Anna Maria, FL 34216**

*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.*

  
Signature of a member or an authorized representative of a member. *(Registered Agent)*

(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.)

**Steve D. Kaluza**  
Typed or printed name of signee

**Filing Fees:**  
**\$100.00 Filing Fee for Articles of Organization**  
**\$ 25.00 Designation of Registered Agent**  
**\$ 30.00 Certified Copy (Optional)**  
**\$ 5.00 Certificate of Status (Optional)**

FILED  
03 FEB 20 PM 9:20  
CLERK OF STATE  
TALLAHASSEE, FLORIDA