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Certified Copies	Certificates	of Status
Special Instructions to Fili	ing Officer:	

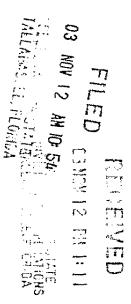




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## TRANSMITTAL LETTER

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		÷	TILED F
SUBJECT: Edens (Proposed lin	Hearing an	d Air	LLE

Enclosed is an original and one (1) copy.

Department of State.

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

# 125.00 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

FROM: David Edens
Name (Printed or typed)

2540 Shadowwood drive
Address

Tallahassee FL. 32305
City, State & Zip

850-528-6330

Daytime Telephone number



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 conto a Florida limited liability company:

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

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

		7/2 ~ ~ ~ ~ ~ ~ ~ ~
Λ.	Date:	3/2002

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

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, t

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.)

Β.

C. its conversion:

## . ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Mailing	ARTICLE I - Name: The name of the Limited Liability Company is:  Edens Heating and Air LLC  ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: 3029-85 West Tharpe Tallahassee FL 3230  Address 4244 Tennessee FT #129 Tall FL 323  ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
•	The name and the Florida street address of the registered agent are:  David Edens  Name  2540 Shadowwood dvive  Florida street address (P.O. Box NOT acceptable)  Tallahassee IL 32305  City. State, and Tip
-	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.  Dawy Carry Registered Agent's Signature
;	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.
	(An additional article must be added if an effective date is requested)  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.)

Filing Fees: S100.00 Filing Fee for Articles of Organization S 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Cerlificate of Status (Optional)