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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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# Transmittal Letter

Department of State		<del>_</del>
Division of Corporations		•
P.O. Box 6327		
Tallahassee, FL 32314		
SUBJECT: KMC Services L.C.C.		
(Proposed limited liability company name - must include suffix)		1
Enclosed is an original and one (1) conv	•	
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		
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.	_	<u> </u>
Department of State.	¥	¥S:
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		86 E
	7	95 95
FROM: Kobent M. Colancisso	5	<u> </u>
Name (Printed or typed)	Š.	0.5
1944 SANDRA SR.		۰, ۰۰
Address		
Clemnosen F1. 33764		
City, State & Zip	•	
727-224-8426		,
.0,0-7-0,00		. = #*

Daytime Telephone number

# CERTIFICATE OF CONVERSION TO A LIMITED LIABILITY COMPANY

### **ARTICLE I - Name:**

,	Robert M. Colanusso		
	ARTICLE II - Formation:		
	The date and jurisdiction of the formation of the other entity is:  2-10-2003 Pinellas County, State of Florista  If its jurisdiction has changed, the jurisdiction immediately prior to conversion:		
; ; ;	ARTICLE III - New name:		
	The name of the limited liability company on the new articles of organization being filed h	iereţ	with:
. ,	RMC Services L.L.C.		VISION DESIGNATION
	ARTICLE IV - Effective date:	E 00	OF CO
•	THE CONTRIBUTION IS TO CONTRIBUTE.	- T	중유
Total Carlotte	Immediately upon filing this certificate and the articles of organization  On	9: 56	RATIONS
	Signature of a member or an authorized representative of a member.		. ve

(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.)

Typed or printed name of signee

Filing Fee: \$25.00

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITÉD LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liabil	lity Company is:		
2mc	Senvices	L.L.C.	
	Crookes		

#### **ARTICLE II - Address:**

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

P.O. Box 9083 LARGO, F.L. 33771

## **ARTICLE III - Registered Agent**

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

Copst Properties L.L.C.
1944 SANDRA DR.
Clementer, Fr. 33764 Lo 10006 14086
ARTICLE IV - Management:

(Check the appropriate box)

		Company is to be a manager-managed company.	
叉	The Limited Liability	Company is to be managed by the members.	

USION OF CORPORATIONS

JAN 20 AM 9: 56

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.)

Typed or printed name of signee

ert M. Colmusso

Filing Fee: \$100.00 for Articles

# 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: XMC Services	L.L.C.
2. The name and the Florida street address of the registered agent are:  OAST Properties LLC  NAME  1944 SANSRA SK.	DIVISION OF COLUMN
Florida street address (P.O. Box NOT ACCEPTABLE)  Cleanuater FL 33064  City, State and Zip	OF STATE OF

Having been names as registered agent and to accept service of process for the above stated; limited l; 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 Manker

Filing Fee: \$25 for Designation of Registered Agent