# L040000 (2) (1)

04 FEB 17 PM 3: 12

(Re	equestor's Name)	
Ų.	,,	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e#)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
v		
Certified Copies	Certificates	of Status
Special Instructions to		
	21/2	
	11/5/	
1204-3715		
l v		

Office Use Only



000027049890

01/21/04--01042--026 \*\*125.00

02/17/04--01006--021 \*\*25.00

AL



FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

04 FEB 17 PM 3: 12

FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

January 28, 2004

RAY JUDD 4419 S. US 301 BUSHNELL, FL 33513-3623

SUBJECT: GOLDEN SUNRAY LC Ref. Number: W04000003715

We have received your document for GOLDEN SUNRAY LC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

There is a \$25.00 filing fee due to file your conversion.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Letter Number: 304A00005732

Agnes Lunt Document Specialist

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

#### TRANSMITTAL LETTER

SECRETARY OF STATE DIVISION OF CORPORATIONS

TO:

Registration Section

Division of Corporations

04 FEB 17 PM 3: 12

SUBJECT: GOLDEN SUNRAY, LC (Name of Limited Liability Company)		
(Name of Limited Liability Company)		
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
RAY Jubb (Name of Person)		
(Name of Person)		
GOLDEN SUNRAY LL		
(Firm/Company)		
<u>4419 S. US 301</u> (Address)		
(Address)		
Bus HNELL, FL, 335/3-3623 (City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
For further information concessing and matter, prease care.		
DAY TIME 250 100 -5110		
(Area Code & Daytime Telephone Number)		
(Name of Person) (Area Code & Daytime Telephone Number)		

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

## FILED SECRETARY OF STATE CERTIFICATE OF CONVERSION OF CORPORATIONS

### 04 FEB 17 PM 3: 12

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 uni	ncorporated business immediately prior to filing this document was
GOLDEN SUNR	AY
	ch and the jurisdiction in which the unincorporated business was firs
created or otherwise came in	to being are:
A. Date:	AUG. 1984
B. Jurisdiction:	AUG. 1984 FLORIDA
C. If different from its conversion	om the above noted jurisdiction, the jurisdiction immediately prior to
THIRD: The name of the lir organization is:	nited liability company as set forth in the attached articles of
GOLDEN SUN	RAY, LC
Signature of a (In accordance with	Member or an Authorized Representative of a Member h section 608.408(3), Florida Statutes, the execution of this document mation under the penalties of perjury that the facts stated herein are true.)
_	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.)

### FILED SECRETARY OF STATE SECRETARY OF STATE OF CORPORATIONS ROP 04 FEB 17 PM 3: 12 FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
GOLDEN SUNRAY, LC			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is			
Principal Office Address: Mailing Address:			
€ 8 AME			
4419 S. US 301			
BusHNELL, FL. 338/3-3623			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:			
CHARLES RAY JUDD			
78 CR 546 Florida street address (P.O. Box NOT acceptable)			
Bus HNELL, FLORIDA 33513-3623 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, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

SECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

PM 3: 12

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	CHARLES RAY JUDD 78 CR 540 BUSHNELL, FL. 335/3-3623
MGRM	LINDA ELLEN JUND 18 CR 540 BUSHNELL, FL. 335/3-3623
(Use attachment if necessary)	
NOTE: An additional article must be ARTICLE V - EFFECTIVE REQUIRED SIGNATURE:	added if an effective date is requested.  EDATE; 1-1-84
(In accordance with section 608. of this document constitutes an a that the facts stated herein are true.	· ·

Silon Fees:
S100.00 Filing Fee for Articles of Organization
S 25.00 Designation of Registered Agent
S 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)