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| (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: | | | |
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Office Use Only



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TRANSMITTAL LETTER

| | stration Section sion of Corporations | | | | |
|----------------------------|---|--|--|--|--|
| SUBJECT: | Martin's Cabinet Shop, LLC | | | | |
| | (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: | | | | |
| | Gary F. Martin | | | | |
| | (Name of Person) | | | | |
| Martin's Cabinet Shop, LLC | | | | | |
| (Firm/Company) | | | | | |
| | 4140 Plant Avenue | | | | |
| 4 | (Address) | | | | |
| | Pace, FL 32571 | | | | |
| (City/State and Zip Code) | | | | | |
| For further inf | formation concerning this matter, please call: | | | | |
| Linda Mart | inat (_850) 994-7238 | | | | |
| | (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

CERTIFICATE OF CONVERSION

Pursuant to section 608.439, Florida Statutes, the following unincorporated business entity hereby submits the <u>attached articles of organization</u> and this certificate of conversion to convert to a Florida limited liability company:

| e date on which and the jurisdiction in which the unincorporated business was first rwise came into being are: Date: February 1, 1971 Jurisdiction: Santa Rosa County If different from the above noted jurisdiction, the jurisdiction immediately prior to its conversion: name of the limited liability company as set forth in the attached articles of: |
|---|
| |
| |
| Martin's Cabinet Shop LLC |
| Signature of a Member or an Authorized Representative of a Member accordance with section 608.408(3), Florida Statutes, the execution of this document anstitutes an affirmation under the penalties of perjury that the facts stated herein are true. |
| Gary F. Martin |
| FILING FEES: FILING FEES: S100.00 Filing Fee for Articles of Organization 25.00 Filing Fee for Registered Agent Designation 3 25.00 Filing Fee for Certificate of Conversion 3 30.00 Certified Copy (optional) |
| 3 |

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

FLORIDA LIMITED LIABILITY COMPANY

ADTICLE I Name

| Martinla Cabinat Chan 11 C | | | |
|--|--|-----------|--|
| Martin's Cabinet Shop, LLC | | | |
| ARTICLE II - Address: | | | |
| The mailing address and street address of the p | rincipal office of the Limited Liability Company | is: | |
| Principal Office Address: | Mailing Address: | | |
| 4140 Plant Ave | 4140 Plant Ave | | |
| Pace, FL 32571 | Pace, FL 32571 | | |
| | | | |
| | | | |
| ARTICLE III - Registered Agent, Registered The name and the Florida street address of the Gary F. Martin Name 4140 Plant Ave Florida street address (P | registered agent are: | Section 1 | |

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)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

| Title: | Name and Address: | | | | |
|--|----------------------|--|--|--|--|
| "MGR" = Manager | | | | | |
| "MGRM" = Managing Member | | | | | |
| | | | | | |
| MGR | Gary F. Martin | | | | |
| | 3549 Sweet Bay Drive | | | | |
| | Pace, FL 32571 | | | | |
| **** | 11.4.4.4.14.2. | | | | |
| MGR | Linda M. Martin | | | | |
| | 3549 Sweet Bay Drive | | | | |
| | Pace, FL 32571 | | | | |
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| (Use attachment if necessary) | | | | | |
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| | | | | | |
| NOTE: An additional article must be added if an effective date is requested. | | | | | |
| 10 112. An auditional article must be added in an effective date is requested. | | | | | |
| REQUIRED SIGNATURE: | | | | | |
| REQUIRED SIGNATURE. | | | | | |
| Lan 9. Martin | | | | | |
| Signature of a/member or an authorized representative of a member. | | | | | |
| digulative of amender of an anthorneo 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.) | | | | | |
| Gary F. Martin | | | | | |
| 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)