

L04000074159

(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:

Name  
Availability

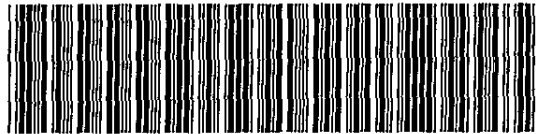
Document  
Examiner

Updater for Office Use Only

Updater  
Verifier

Acknowledgement

W. P. Verifier



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**CONCH CRUISER LLC**  
**4908 Oak Island Road**  
**Orlando, FL 32809**

Telephone: (407) 857-3619  
Fax: (407) 855-7527

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October 6, 2004

STATE OF FLORIDA  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: Filing of Certificate of Conversion of Delaware LLC to Florida LLC**  
**Filing of Articles of Organization**  
**Filing of Registered Agent Designation**

To Whom It May Concern:

Enclosed you will find our check #1087, in the amount of \$180.00 made payable to Florida Department of State for the following:

\$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
<hr/>	
\$180.00	check #1087

Thank you in advance for your cooperation in this matter. If you have any questions or require additional information, please me a call at 407-908-4548 - cell.

Sincerely,

  
Pete Madison

PM/cb

FILED  
NOV 12 AM 11:23  
TALLAHASSEE, FL  
SECRETARY OF STATE

# TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Conch Cruiser, 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:

Beverly Madison  
(Name of Person)

Conch Cruiser, LLC  
(Firm/Company)

4908 OAK ISLAND ROAD  
(Address)

Orlando, FL 32809  
(City/State and Zip Code)

For further information concerning this matter, please call:

Beverly Madison at (407) 851-5527  
(Name of Person) (Area Code & Daytime Telephone Number)

SECRETARY OF  
TALLAHASSEE  
2004 OCT 12 A 11:23

FILED

**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 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:

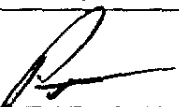
Conch Cruiser LLC

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

- A. Date: 4/22/03  
B. Jurisdiction: Delaware  
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:

Conch Cruiser 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.)

Peter Madison

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.)

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Conch Cruiser, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

4908 OAK Island Road  
Orlando, FL 32809

**Mailing Address:**

4908 OAK Island Road  
Orlando, FL 32809

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

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


Peter Madison  
Name

4908 OAK Island Road  
Florida street address (P.O. Box **NOT** acceptable)

Orlando, FLORIDA 32809  
City, State, and Zip

FILED  
2009 JUN 12 A 11:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Beverly Madison  
6545 Bay Circle  
Belle Isle, FL 32809

MGRM

Peter Madison  
4908 OAK ISLAND Road  
Orlando, FL 32809

MGRM

Michael Agosto  
189 Jamaica Lane  
Orlando, FL 32809

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
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.)

Peter Madison  
\_\_\_\_\_  
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)