

LOS 000008211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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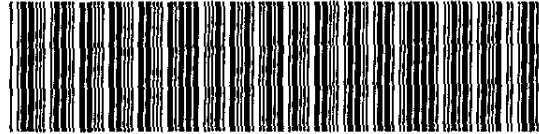
Special Instructions to Filing Officer:

1789, 524, 1122, 671

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605-807



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2005 JAN 25 AM 8:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

Department of State  
 Division of Corporations  
 P.O. Box 6327  
 Tallahassee, FL 32314

SUBJECT: PALM ISLAND SPECIALTIES, LLC  
 (Proposed limited liability company name - must include suffix)

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
- ✓ \$25 CERTIFICATE OF CONVERSION
- ✓ \$30 CERTIFIED COPY
- ✓ \$5 CERT OF STATUS

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.

FROM:

RENEE METOYER

Name (Printed or typed)

3000 ARCH DRIVE

Address

SARASOTA, FLORIDA 34232

City, State & Zip

941-342-7982

Daytime Telephone number

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

2005 JAN 25 AM 8:19

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

January 6, 2005

RENEE METOYER  
3000 ARCH DRIVE  
SARASOTA, FL 34232

SUBJECT: PALM ISLAND SPECIALTIES, LLC  
Ref. Number: W05000000807

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2005 JAN 25 AM 8:19

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We have received your document for PALM ISLAND SPECIALTIES, LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the name of the Limited Liability Company in Article I.,

The document must contain both the street address of the principal office and the mailing address of the entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas  
Document Specialist

Letter Number: 005A00001036

## 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:


PALM ISLAND SPECIALTIES

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

- A. Date: NOV 10, 1999  
 B. Jurisdiction: FLORIDA  
 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:

PALM ISLAND SPECIALTIES, 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.)

RENEE METOYER

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.)

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 2005 JAN 25 AM 8:20  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

PALM ISLAND SPECIALTIES, LLC

## ARTICLE II - Address:

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

3000 ARCH DRIVE SARASOTA, FLORIDA 34232

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

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

RENÉE METOYER

Name

3000 ARCH DRIVE

Florida street address (P.O. Box **NOT** acceptable)

SARASOTA, FL 34232

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, F.S.

[Signature]  
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]  
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.)

RENÉE METOYER

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)