LOS000067819

(Re	equestor's Name)				
(Ad	dress)				
(Ad	ldress)	<u>-</u>			
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nar	ne)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:	,			
	6076				
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SECRETARY OF STATE

N. CANSON APR 15 2008

COVER LETTER

Division of C						
SUBJECT: Perfect Image, LLC (203122805)						
	(Name of Florida	a Limited Liability Compan	у)			
		d fee(s) are submitted t er Business Entity" in a				
Please return all corr	espondence concernir	ng this matter to:				
John R. Perkins	s, Jr.*					
	(Contact Person)					
Jones, Troyan,	Pappas & Perki	ins				
	(Firm/Company)	_				
1472 Manning	Parkway					
	(Address)					
Powell, Ohio 43	3065					
((City, State and Zip Code)					
For further informati	on concerning this ma	atter, please call:				
John R. Perkins, Jr.		at (614) 888-8500 (Area Code and Daytime Telephone Number)				
(Name of Contact F	'erson)	(Area Code and D	Paytime Telephone Number)			
Enclosed is a check f	or the following amo	unt:				
\$25.00 Filing Fee	\$30.00 Filing Fee and Certificate of Status	\$55.00 Filing Fee and Certified Copy	✓\$60.00 Filing Fee, Certified Copy, and Certificate of Status			
STREET ADDRES Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 323	ions er Circle	MAILING A Registration Division of C P. O. Box 63 Tallahassee,	Section Corporations 27			

*Please return a file-stamped copy of the Certificate of Conversion to me in the prepaid Federal Express envelope that is enclosed.

Thank you.

FILED

08 APR 11 AM 8: 45

Certificate of Conversion Por Florida Limited Liability Company Into "Other Business Entity"

SECRETARY OF STATE TALLAHASSEE FLORIDA

This Certificate of Conversion is submitted to convert the following Florida Limited Liability Company into an "Other Business Entity" in accordance with a 608.4403

Florida Statutes.
1. The name of the Florida Limited Liability Company converting into the "Other Business Entity" is:
Perfect Image, LLC (203122805) L05-67819.
(Enter Name of Florida Limited Liability Company)
2. The name of the "Other Business Entity" is:
Perfect Image Liquidating, LLC
(Enter Name of "Other Business Entity")
3. The "Other Business Entity" is a limited liability company (Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)
organized, formed or incorporated under the laws of Ohio (Enter state, or if a non-U.S. entity, the name of the country)
4. The above referenced Florida Limited Liability Company has converted into an "Other Business Entity" in compliance with Chapter 608, F.S., and the conversion complies with the statute or applicable law governing the "Other Business Entity."
5. The plan of conversion was approved by the converting Plorida Limited Liability Company in accordance with Chapter 608, F.S.
6. If applicable, the written consent of each member who, as a result of the conversion, is now a general partner of the surviving entity was obtained pursuant to s. 608.4402(2), P.S.
7. This conversion was effective under the laws governing the "Other Business Entity"
on: April 14, 2008
Page 1 of 1

8. This conversion sl	hall be effective i	n Florida on: April	14, 2008 90 days after the da	to this		
document is filed by	the Florida De	partment of State; A	ND 2) must be the saning the "Other Bus	me as		
9. The principal offic			ty" under the laws of this as follows:	the state,		
99 North Brice	Road					
Columbus, OH	43213			······································		
10. If the "Other Business in Florida, t			ot registered to transi	ict		
proceeding to enforce	obligations of the	ne converting Florida	nt for service of proce limited liability comp 4351-608.43595, F.S.	any,		
b.) Lists the for Department of State :		nd mailing address of oses of s. 48.181, F.S.				
Street Address:	Street Address: 5827 Caravan Court					
	Orlando, Fl	32819				
Mailing Address:	5827 Caravan Court					
	Orlando, FL 32819					
11. The "Other Busing the amount to which	ness Entity" has a such members ar	agreed to pay any mer e entitled under ss. 60	nbers having appraisa 8.4351-608.43595, F.	l rights S.		
Signed this 10th	day of_	April	20_0	8		
Signature:		Dan				
(Must be	signed by a Me	mber or Authorized	Representative.)	TAL	80	ezse)
Printed Name:G	autam Samadde	rTitle;Pres	ident	L CR	APR:1:1	
Fees: Filing Fee: Certified Cop	-	325.00 330.00 (Optional)		TARY O ASSEE	=======================================	
Certificate of		S5.00 (Optional) Page 2 of 2		E STATE FLORID	8: 45	200
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