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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificates	of Status
Consideration to	Cilina Officer	
Special Instructions to	rinng Officer.	
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Office Use Only



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2005 OCT 20 PM 1: 25
DIVINIONS STREE, FLORIDA

COVER LETTER

Division of Corp			
SUBJECT: RAMA	Name of Limited	king Southern d Liability Company)	Exposure L.L.C.
The enclosed Articles of C	Organization and fee(s) are s	ubmitted for filing.	
Please return all correspon	ndence concerning this matte	er to the following:	
BERNO	rdette h	Ackett Name of Person)	
Rising	Sun Wood	WORKING SO.	uthern Expasure
228	Cessi	na Driv	e
Port		OE Flori (State and Zip Code)	da 32456
For further information co Bernadett OR John (Name of	Nagy	call: at (<u>850) 227</u> (Area Code & Daytime Tel	-3328 lephone Number)
	the following amount: \$\ \text{\$\sumsymbol{1}}\$ \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Fitting. Feet Certificate of Status & 2 Certified Copy (additional copy is Prefixed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center (Tallohassee, Fl. 32301	RIDA S

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:

FIRS1: The name of the unincorporated business immediately prior to filing this document was:
Rising Sun Woodworking Southern Exposure
SECOND: The date on which and the jurisdiction in which the unincorporated business was first created or otherwise came into being are: A. Date: APRIL 13, 2005 B. Jurisdiction: City of POPT ST. Joe, Gwlf Cownty 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 <u>attached</u> articles of organization is:
Rising Sun Woodworking Southern Exposure LLC Bernadette Hackett
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.)
Beenadette Hackett 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:

Rising Sun Woodworking Southern Exposure LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
228 Cess Na DRIVE 228 Cess Na DRIVE PORT ST. Joe Florida 32456 Florida 32456
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Bernadette Hackett 300
143 INdina Swamp Rd. Florida street address (P.O. Box NOT acceptable)
Wewahitchkarl 32465 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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

Ti4lo.	Name and Address:
<u>Title:</u> "MGR" = Manager	
"MGRM" = Managing Member	JOHN NAGY
MGRM	143 INDIAN SWAMP K
	We was hitch ka
••	F10R;00, 32463
MGRM	Bernadette HACKett
	143 Indian Swamp Rd. Wewahitch Ka, Fl. 32465
	wewarming it say
(Use attachment if necessary)	
(Ose attachment if necessary)	
	e date of filing: (OPTIONAL
	be specific and cannot be more than five business days
days after the date of ming.)	
days after the date of filing.)	
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•	ZOS U
•	tto dacketti
<u>reouired</u> signature: <i>Bernade</i>	ette Hackett er or an authorized representative of a member.
REQUIRED SIGNATURE: Signature of a member (In accordance with se	ection 608.408(3), Florida Statutes, the execution
(In accordance with se	ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)