10000008153

(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: IM Common Airon
02876 AUR
Office Use Only
02877 CC



200063857002

01/17/06 -01005 -010 **185.00

06 J2117 PH 2: 15

2-1-06 Conversion of date

M. HODGES

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	ECT: Sunbed Service I	_LC		
			ida Limited Co	ompany)
conver	nclosed Certificate of Conversity an "Other Business Entity" illance with s. 608.439, F.S.			zation, and fees are submitted to Liability Company" in
Please	return all correspondence con	cerning thi	is matter to:	
Nich	olas Cook			
	(Contact Person	1)		-
	(Firm/Company	<i>(</i>)		-
1082	29 Masters Dr			
	(Address)			-
Cleri	mont, FI 34711			
	(City, State and Zip	Code)		
For fur	ther information concerning t	his matter,	please call:	
Nich	olas Cook	at	(352	₎ 536-9541
	(Name of Contact Person)			and Daytime Telephone Number)
Enclos	ed is a check for the following	g amount:		
(\$25 for & \$125	00 Filing Fees Status Conversion and Certificate of Status Status		\$180.00 Filing d Certified Cop	
Registr Divisio Clifton 2661 E	ET ADDRESS: ration Section on of Corporations Building Executive Center Circle		Registr Divisio P. O. B	ation Section on of Corporations ox 6327 assee, FL 32314

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

This Certificate of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is: Subed Service
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a sole proprietorship
(Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of Florida
(Enter state, or if a non-U.S. entity, the name of the country)
on 07/01/2005 (Enter date "Other Business Entity" was first organized, formed or incorporated)
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Sunbed Service LLC
(Enter Name of Florida Limited Liability Company)

Page 1 of 2

06 JAN 17 PH 2: 15

5. If not effective on the date of filing, enter the ef	fective date: 02/01/2006
(The effective date: 1) cannot be prior to nor m document is filed by the Florida Department of effective date listed in the attached Articles of C listed therein.)	ore than 90 days after the date this State; <u>AND</u> 2) must be the same as the
Signed this 10 day of January	20_06
Signature of Authorized Person;	Cock
Printed Name: Nicholas Cook Title	: Owner
Fees:	
Certificate of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy: Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AL	TT	CI	Æ.	Ϊ.	Na	me:

The name of the Limited Liability Company is:

Sunbed Service 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:

10829 Masters Dr	Subed Service
Clermont, FI 34711	10829 Masters Dr
	Clermont, FI 34711

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:

Nicholas Cook	E (1)	90	
10829 Masters Dr			"1]
Florida street address (P.O. Box NOT acceptable)	-6-4-4 -24-4	17	A A-a-children
Clermont, Fi 34711 FL		7	
City, State, and Zip		2:	

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

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

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

'MGR" = Manager 'MGRM" = Managing Member	Name and Address:
MGRM	Nicholas Cook
	10829 Masters Dr
	Clermont, FI 34711
MGRM	Sara Raimondo
	10829 Masters Dr
	Clermont, FI 34711
	-
NAL)	
NAL) fective date is listed, the date must days prior to or 90 days after the days	date of filing:be specific and cannot be more than
NAL) fective date is listed, the date must days prior to or 90 days after the d	date of filing:be specific and cannot be more than
NAL) fective date is listed, the date must days prior to or 90 days after the date REQUIRED SIGNATURE:	be specific and cannot be more than ate of filing.)
NAL) fective date is listed, the date must days prior to or 90 days after the date REQUIRED SIGNATURE:	date of filing:be specific and cannot be more than
NAL) fective date is listed, the date must days prior to or 90 days after the date of a member or an au (In accordance with section 608.4 of this document constitutes an after the date of the date	be specific and cannot be more than ate of filing.)
NAL) fective date is listed, the date must days prior to or 90 days after the date of a member or an au (In accordance with section 608.4 of this document constitutes an after the date of the date	be specific and cannot be more than ate of filing.) thorized representative of a member 408(3), Florida Statutes, the execution firmation under the penalties of perjury
NAL) fective date is listed, the date must days prior to or 90 days after the date of the days prior to or 90 days after the days after the days prior to or 90 days after the days prior to or 90 days after the days after the days prior to or 90 days after the days after the days prior to or 90 days after the days after the days prior to or 90 days after the days after the days prior to or 90 days after the days after the days prior to or 90 days after the days a	be specific and cannot be more than ate of filing.) thorized representative of a member 408(3), Florida Statutes, the execution firmation under the penalties of perjury
NAL) fective date is listed, the date must days prior to or 90 days after the date of the date of this document constitutes an after the facts standard control of the date of	be specific and cannot be more than ate of filing.) thorized representative of a member 408(3), Florida Statutes, the execution firmation under the penalties of perjury ated herein are true.)
Signature of a member or an au (In accordance with section 608.4 of this document constitutes an after the facts standard that the facts standard Typed or print	be specific and cannot be more than ate of filing.) thorized representative of a member 408(3), Florida Statutes, the execution firmation under the penalties of perjury ated herein are true.)