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Certified Copies	Certificates of Status
Special-Instructions to	o Filing Officer:
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SOUTHTRUST PLAZA

phone 813.314.4500

www.saxongilmore.com

fax 813.314.4555

201 E. KENNEDY BLVD SUITE 600 TAMPA, FLORIDA 33602

SAXON | GILMORE

SAXON, GILMORE. CARRAWAY, GIBBONS, LASH & WILCOX, P.A.

Attorneys and Counselors at Law

Direct Dial: Email: 813.314.4501

bsa

bsaxon@saxongilmore.com

**URGENT - PLEASE EXPEDITE** 

January 30, 2006

Ms. Marsha Thomas
Florida Department of State
Division of Corporation
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE:

Conversion of SLE, Inc., to SLE, LLC

Our File No. 024194.01000

Dear Ms. Thomas:

In accordance with your telephone conference with our office today, we enclose for your review and filing the original and one copy of the Certificate of Conversion and Articles of Incorporation of SLE, LLC, which were prepared for the conversion of SLE, Inc., a Floridal corporation, into a limited liability company to be known as SLE, LLC. We also enclose our checks totaling \$185.00 for the filing of those documents and issuance of a certified copy and Certificate of Status.

We respectfully request that they be filed on an expedited basis for processing in time for a real estate closing which has been scheduled for February 6, 2007. If you have any questions concerning the enclosures or require additional information to complete their timely processing, please call the paralegal for this file, Melody Martinez, at 813-314-4545 immediately, collect if needed.

We thank you for your help and attention. With best regards,

Sincerely, SAXON, GILMORE, CARRAWAY, GIBBONS, LASH & WILCOX, P.A.

Bernice S. Saxon, Esq.

BSS/mm Enclosures

Cc: Melody Martinez, Paralegal

#### **COVER LETTER**

Registration Section Division of Corporations

TO:

	SUBJECT: SLE, LLC (Conversion (Name of Limite	from SLE, Inc "C	other entity")
· · · · · · · · · · · · · · · · · · ·	The enclosed Articles of Organization and fee(s) are s	ubmitted for filing.	OB JAN 31
1.7	Please return all correspondence concerning this matter	er to the following:	
-	Bernice S. Saxon, Esq.		<u>ω</u>
		Name of Person)	:11- 2
	Saxon, Gilmore, et al.		FLORING STATE
		(Firm/Company)	夏雨 6
	201 E. Kennedy Blvd., #6		
<u>.</u>		(Address)	
-	Tampa, FL 33602		·
	(City	/State and Zip Code)	. ,
	For further information concerning this matter, please	call:	
	Bernice S. Saxon, Esq.	at ( 813 ) 314-45 (Area Code & Daytime T	01
- <b>-</b>	(Name of Person)	(Area Code & Daytime T	elephone Number)
· -	Enclosed is a check for the following amount:		
* 12 - 12 - 13	\$125.00 Filing Fee \$ Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	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 Cente Tallahassee, FL 32301	ons r Circle

## Certificate of Conversion For "Other Business Entity" Into

Florida Limited Liability Company

This Certificate of Conversion <u>and attached Articles of Organization</u> 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 Ent	ity" immed	liately prior to the	filing of this	115	クソン
Certificate of Conversion is:	SLE,	Inc.	filing of this	140	س0ر
(Enter Name o	of Other B	usiness Entity)	1		
2. The "Other Business Entity" is a (Enter entity type. Example: corpor general partnership, co		ited partnership,		p, <u>⋝</u> ∽	06
first organized, formed or incorporated u (Enter state, or if a non-U	inder the la	ws of the State the name of the	ate of Florida		06 JAN 31
on October 27, 2005 (Enter date "Other Business Entity"	 ' was first	organized, form	ed or incorporated)	E FLOA	AH   :   3
3. If the jurisdiction of the "Other Busin under the laws of which it is now organized to the state of the st				ØĦ	$\frac{1}{3}$
N/A					
4. The name of the Florida Limited Liab Articles of Organization:	oility Com	pany as set forth in	n the <b>attached</b>		
	SLE,	LLC			_
(Enter Name of Flor	ida Limite	d Liability Comp	nany)	-	

Page 1 of 2

5. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.) 20 06 \_ <sub>day of</sub> \_ January

Signature of Authorized Person:\_

Printed Name: Steve Douglas Holroyd\*Title: Managing Member

\*as Trustee of the Holroyd Family Trust under Agreement dated December 12, 2005

Fees:

Certificate of Conversion: \$25.00

Fees for Florida Articles of Organization: \$125.00

Certified Copy:

\$30.00 (Optional) Certificate of Status: \$5.00 (Optional)

Page 2 of 2

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

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

#### SLE. 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:**

4805 Longwater Way

Tampa, FL 33615

#### Mailing Address:

4805 Longwater Way Tampa, FL 33615

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

(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:

Bernice S. Saxon, Esq.

201 E. Kennedy Blvd., #600

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

Tampa

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

Title: "MGR" = Manager "MGRM" = Managing Mem	Name and Address:
MGRM	Steve Douglas Holroyd as Trustee *
	4805 Longwater Way
	Tampa, FL 33615
N 4 C C D N 4	
MGRM	Lesley Lecaro Holroyd , as Trustee *
	4805 Longwater Way
	Tampa, FL 33615
	40 BS
	<u> </u>
	S S S S S S S S S S S S S S S S S S S
	(Use attachment if necessary)
ONAL) effective date is listed, the da ss days prior to or 90 days at  REQUIRED SIGNATURE	er than the date of filing:  Ate must be specific and cannot be more than five fiter the date of filing.  E:
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PONAL) effective date is listed, the days at the days prior to or 90 days at the REQUIRED SIGNATURE Signature of a member  (In accordance with section of this document constitution that the Steve Douglas)	er than the date of filing:  ate must be specific and cannot be more than five fiter the date of filing.)  E:  or an authorized representative of a member.  tion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury the facts stated herein are true.)  Holroyd, as Trustee *
REQUIRED SIGNATURE Signature of a member  (In accordance with sec of this document constituthat the Steve Douglas	er than the date of filing:  ate must be specific and cannot be more than five fiter the date of filing.  E:  or an authorized representative of a member.  ation 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)