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(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	ry/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Name	}	
(Do	ocument Number)		
Certified Copies	_ Certificates or	f Status	
Special Instructions to Filing Officer:			

Office Use Only



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106 2091

COVER LETTER

SUBJECT: Conversion	FO: Registration Section Division of Corporations	•		
The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S. Please return all correspondence concerning this matter to: \[\(\begin{align*} \textit{LONID} & \mathbb{RABRIN} \\ \text{(Contact Person)} \\ \text{\textit{LEO LIMO} & \text{\text{EPVICE}} & \text{\text{LL.C.}} \\ \text{(Firm/Company)} \\ \text{32 FOLSON } & \mathbb{LANE} \\ \text{(Address)} \\ \text{PALM COAST } & \text{FL} & \text{32/37} \\ \text{(City, State and Zip Code)} \\ \text{For further information concerning this matter, please call:} \\ \text{\text{\text{LEONID} } & \mathbb{RABRIN} & \text{at at } & \text{\text{386}} & \text{\text{864}} - \text{7708} \\ \text{(Name of Contact Person)} & \text{(Area Code and Daytime Telephone Number)} \\ \text{Enclosed is a check for the following amount:} \\ \text{\text{\text{S155.00 Filing Fees}} & \text{\text{\text{\text{S155.00 Filing Fees}}} & \text{	SUBJECT: LEO	LIMO	SERVI	CE INC _
Convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S. Please return all correspondence concerning this matter to: \[\(\begin{align*} \beg	(Name of Re	sulting Florida L	imited Company)
(Contact Person) LEO LIMO SERVICE, L.L.C. (Firm/Company) 32 FOLSON LANE (Address) PALM COAST, FL 32137 (City, State and Zip Code) For further information concerning this matter, please call: LEONID RABKIN at (386) 864-7708 (Name of Contact Person) (Area Code and Daytime Telephone Number) Enclosed is a check for the following amount: S150.00 Filing Fees	convert an "Other Business Entity" in			
Address) PALM COAST, FL 32137 (City, State and Zip Code) For further information concerning this matter, please call: LEONID RABKIN at (386) 864-7708 (Name of Contact Person) (Area Code and Daytime Telephone Number); Enclosed is a check for the following amount: S150.00 Filing Fees \$155.00 Filing Fees \$180.00 Filing Fees \$185.00 Filing Fees \$255 for Conversion and Certificate of and Certified Copy Certified Copy, and \$255 for Articles Status Certificate of Status	Please return all correspondence cond	cerning this m	atter to:	
(Address) PALM COAST, FL 32137 (City, State and Zip Code) For further information concerning this matter, please call: LEONID RABKIN at (386) 864-7708 (Name of Contact Person) (Area Code and Daytime Telephone Number); Enclosed is a check for the following amount: Status Status Certificate of Status (Certificate of Status Certificate of Status	LEONID RA	BRIN		
(Address) PALM COAST, FL 32137 (City, State and Zip Code) For further information concerning this matter, please call: LEONID RABKIN at (386) 864-7708 (Name of Contact Person) (Area Code and Daytime Telephone Number); Enclosed is a check for the following amount: S150.00 Filing Fees \$155.00 Filing Fees \$180.00 Filing Fees \$185.00 Filing Fees \$25 for Conversion and Certificate of and Certified Copy, and \$25 for Articles Status Certificate of Status	(Contact Person)		
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City, State and Zip Code) For further information concerning this matter, please call: LEONIO RABKIN at (386) 864-7708 (Name of Contact Person) (Area Code and Daytime Telephone Number) Enclosed is a check for the following amount: \$\frac{1}{2}\$\$ \$155.00 Filing Fees and Certified Copy and Certificate of Status \[\text{S125 for Articles} \] \$\frac{1}{2}\$\$ \$125 for Articles \]	32 FOLSON /An) 1 E		
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Continue of Contact Person at (386) 864 - 7708 Contact Person (Area Code and Daytime Telephone Number) Contact Person (Area Code and Daytime Telephone Number) Contact Person Con				. <u>.</u> .
	For further information concerning t	nis matter, ple	ase call:	201
	LEONID RABKIN	at (386)8	64-7708
	(Name of Contact Person)	(.	Area Code and D	Paytime Telephone Number);
	Enclosed is a check for the following	; amount:		변수 <u>*</u>
	(\$25 for Conversion and Certificate of & \$125 for Articles Status			Certified Copy, and Certificate of Status
STREET ADDRESS: MAILING ADDRESS:	STREET ADDRESS:		MAILING	ADDRESS:
Registration Section Registration Section				
Division of Corporations Clifton Building Division of Corporations P. O. Box 6327	<u> </u>		Division of Corporations P. O. Box 6327	
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301	2661 Executive Center Circle			

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: (Enter Name of Other Business Entity) (Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is aCORPORATION
(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
on //23/06 (Enter date "Other Business Entity" was first organized, formed or incorporated)
(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 and under the laws of which it is now organized, formed or incorporated:
LIDDINA ma
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
LEO LIMO SERVICE, LLC
(Enter Name of Florida Limited Liability Company)

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.)
Signed this 23 day of Tanuary 2006.
Signature of Authorized Person: Leave Robb
Printed Name: RABKIN LEONID Title: MNS

Fees:

Certificate of Conversion:

Fees for Florida Articles of Organization:
Certified Copy:
Certificate of Status:

\$125.00 \$30.00 (Optional) \$5.00 (Optional)

\$25.00

Page 2 of 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LEO LIMO SERVICE, L.L.C.

(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:

32 FOLSON LANE

PALM COAST, FL

32137

32137

32137

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:

Name
32 FOLSON LANE
Florida street address (P.O. Box NOT acceptable)

Palm COAST, FL 32137
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. 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..

(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:

<u>Title:</u>	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	-
~ ~	
MER	LEONID RABRIN 32 FOLSON LANE
	PALM COAT, FL 32/37
	PALM CUNI, FE 32131
	
	
	(Use attachment if necessary)
	(000 0000000000000000000000000000000000
ARTICLE V: Effective date, if other than the	date of filing:
(OPTIONAL) (If an effective date is listed, the date must be	ne specific and cannot be more than five
business days prior to or 90 days after the da	
DOMESTA CIONAMINE	22
REQUIRED SIGNATURE:	rs -
Como Rabb	70
Signature of a member or an aut	horized representative of a member. 😭
In accordance with section 608.4	.08(3), Florida Statutes, the execution
of this document constitutes an aff	irmation under the penalties of perjury
that the facts sta	ted herein are true.)
Typed or print	ed name of signee
William Franci	
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)