100000024349

(Requestor's Name)	
(requester o reality	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
PDLe-14777 (Conver	tino
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
36 FILC Conversion	
Conversion	
02875	

Office Use Only



400067083964

03/06/06--01055--020 **150.00

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COVER LETTER

	ion Section of Corporations			
SUBJECT: Jui	dy Snow (Name of Resulting	a Floris	de Limited Cor	nnonv)
convert an "Othe accordance with	rtificate of Conversion, A	rticles "Flori	s of Organiza da Limited I	ation, and fees are submitted to
Judy Snow	(Contact Person)			
135 Crystal				
DeLand, Fl.	(Address) 32720 (City, State and Zip Code)	<u> ·</u>		
For further infor	nation concerning this ma	atter, j	please call:	
Judy Snow		at (386	956-9055
(Name of (Contact Person)		(Area Code	and Daytime Telephone Number)
Enclosed is a che	ck for the following amo	unt:		
\$150.00 Filing Fe (\$25 for Conversion & \$125 for Articles of Organization)	-		180.00 Filing l Certified Copy	
STREET ADDR Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL	ion orations Center Circle		Registra Division P. O. Bo	NG ADDRESS: ation Section of Corporations ox 6327 ssee, 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 Entit	y" immediately prior to the filing of this			
Certificate of Conversion is: Judy's Floored CO	P06000014777.			
(Enter Name of	Other Business Entity)			
2. The "Other Business Entity" is a COT	poration			
(Enter entity type. Example: corporation, limited partnership, sole proprietorshi general partnership, common law or business trust, etc.)				
first organized, formed or incorporated un	der the laws of Florida			
(Enter state, or if a non-U.	S. entity, the name of the country)			
on Jan. 28, 2006				
(Enter date "Other Business Entity"	was first organized, formed or incorporated)			
3. If the jurisdiction of the "Other Busine under the laws of which it is now organize	ss Entity" was changed, the state or country ed, formed or incorporated:			
4. The name of the Florida Limited Liabi Articles of Organization:	lity Company as set forth in the attached			
Judy's Flooring LLC				
(Enter Name of Florid	a Limited Liability Company)			

Page 1 of 2

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document is filed by the Florida D	ng, enter the effective date: prior to nor more than 90 days after the date this epartment of State; <u>AND</u> 2) must be the same as the Articles of Organization, if an effective date is
Signed this 3rd day of Mare	ch ₂₀ 06
Signature of Authorized Person:	Judy Snow
Printed Name: Judy Snow	Title: MGRM
Fees:	
Certificate of Conversion:	\$25.00

\$125.00

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or

ARTICLE I - Name:

"L.C.,")

Judy's Flooring LLC

The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited			
Liability Company is:	are principal critics of and Emilion			
Principal Office Address:	Mailing Address:			
135 Crystal Oak Drive	135 Crystal Oak Drive			
DeLand, Fi. 32720	DeLand, Fl. 32720			
ARTICLE III - Registered Agent, Registing Signature: (The Limited Liability Company cannot serve as its own individual or another business entity with an active Florida registration.)	n Registered Agent. You must designate an			
The name and the Florida street address of Judy Snow_	f the registered agent are:			
135 Crystal Oak	Name Drive			
Florida street address	(P.O. Box NOT acceptable)			

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..

Having been named as registered agent and to accept service of process for the

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

DeLand, Fl. 32720

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Judy Snow 135 Crystal Oak Drive DeLand, Fl. 32720 (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: ____ (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** NOW 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.) Judy Snow Typed or printed name of signee Filing Fees:

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

\$125.00 Filing Fee for Articles of Organization and Designation