	091W)
(Requestor's Name)	eff-date/roc. 3/6/06
(Address)	200067139502
(City/State/Zip/Phone #)	(13/114/11611)(15.711) *#1 ¹ -11, (11)
(Business Entity Name) POH-142098 (Conventing) (Document Number)	
Special Instructions to Filing Officer: CONVIDATION	

Office Use Only

Map-11310

EFFECTIVE DATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: APPRAISAL WORKS UNLIMITED LLC
(Name of Resulting Florida Limited Company)
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:
MICHAEL L BRUNO
(Contact Person)
(Firm/Company)
600 BYPASS DRIVE SUITE 115
(Address)
CLEARWATER, FL 33764 (City, State and Zip Code)
(City, blace and exp work)
For further information concerning this matter, please call:
MICHAEL L BRUNO at (727) 799-1040
(Name of Contact Person) (Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount:
S150.00 Filing Fees S155.00 Filing Fees S180.00 Filing Fees S185.00 Filing Fees, and Certified Copy and Certified Copy, and Certificate of Status of Organization)
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 8, 2006

MICHAEL L. BRUNO 600 BYPASS DRIVE, SUITE 115 CLEARWATER, FL 33764

SUBJECT: APPRAISAL WORKS UNLIMITED LLC

Ref. Number: W06000011310

We have received your document for APPRAISAL WORKS UNLIMITED LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date cannot be prior to 3/6/06, the date received. Please correct the effective date listed on the Certificate of Conversion.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 506A00016103

Michelle Hodges Document Specialist

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.

Page 1 of 2

0611.38 - 5 PM 12: 46

5. If not effective on the date of filing, enter the effective date: MARCH 1, 2006 The effective date: 1) cannot be prior to nor more than 90 days after the date this Edocument is filed by the Florida Department of Statis; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)

Signature of Authorized Person:

Printed Name: DAN LEAKE Title; MANAGING MEMBER

Fees:

Certificate of Conversion:

Pees for Florida Articles of Organization:

Certified Copy:

Certificate of Status:

\$25.00

\$125.00

\$30.00 (Optional)

\$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:

APPRAISAL WORKS UNLIMITED 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:

10850 ARROWTREE BLVD

CLERMONT, 34715

10850 ARROWTREE BLVD

CLERMONT, 34716

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:

DAN LEAKE

10850 ARROWTREE BLVD

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

CLERMONT, 34715 FL 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

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

MGRM .	and the control of th
MGKM	DAN LEAKE
	10850 ARROWTREE BLVD
	CLERMONT, 34715
MGRM	WILLIAM M WRIGHT
	10850 ARROWTREE BLVD
	CLERMONT, 34716
· ·	
(AL) betive date is listed, the date	an the date of filing: must be specific and cannot be more the
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NAL) fective date is listed, the date days prior to or 90 days after REQUIRED SIGNATURE: Signature of a member or a (In accordance with section of this document constitutes)	must be specific and cannot be more the the date of filing.) Low an authorized representative of a mem 608.408(3), Florida Statutes, the executi
NAL) Rective date is listed, the date days prior to or 90 days after REQUIRED SIGNATURE: Signature of a member or a (In accordance with section of this document constitutes that the fat DAN LEAKE	must be specific and cannot be more the the date of filing.) an authorized representative of a mem authorized representative, the execution an affirmation under the penalties of percess stated herein are true.)
Asys prior to or 90 days after REQUIRED SIGNATURE: Signature of a member or a (In accordance with section of this document constitutes that the fa DAN LEAKE	must be specific and cannot be more the the date of filing.) an authorized representative of a memi authorized representative, the execution an affirmation under the penalties of per

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