L06000040922

(Requestor's Name)
(Address)
(Address)
(loaioss)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Rebecca CAVE AUTHORIZATION BY PHONE TO CORRECT effective date
AUTHORIZATION BY PHONE TO
CORRECT effective date
11/10/11/
YOC. EXAM.

Office Use Only



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06 APR 17 PM 12: 41
SECRETATION OF STATE
TAIL AHASSEE FLORIDA

COVER LETTER

TO: Registration Sec Division of Cor				
SUBJECT: Mat	Name of Resulting	Palating I	ompany)	
The enclosed Certificate convert an "Other Busing accordance with s. 608	ness Entity" into a '			
Please return all corres	pondence concernin	g this matter to	:	
Audrey	Liskay (Contact Person)		_	
	(Firm/Company) 103 (Address)		<u> </u>	-
Florahon (Cit	y, State and Zip Code)	32140	<u> </u>	
For further information	concerning this ma	tter, please call	;	
Rebecc G. W (Name of Contact	Illians Person)	_at (<u>3≤2</u>) 473-596	hone Number
Enclosed is a check for			e and Daytime Teleph	ione ivanioer)
(\$25 for Conversion a	\$155.00 Filing Fees and Certificate of Status	\$180.00 Filin and Certified Co		
STREET ADDRESS: Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	Circle	Regis Divisi P. O. 1	LING ADDRÉSS tration Section on of Corporation Box 6327 hassee, FL 32314	

OG APR 17 PH 12: 41 SECRETARIA DE STATE TALLAHASSEE, FLORIDA

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:
Mathew Liskon Painting Inc. 105-1119.
Certificate of Conversion is: Mathew Liskon Painting Inc. P05-1/1743. (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>Corporation</u>
(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
(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:
NA
Nit .
4. The name of the Florida Limited Liability Company as set forth in the attached
Articles of Organization:
(Enter Name of Florida Limited Liability Company)
(Enter Name of Florida Limited Liability Company)

5. If not effective on the date of filing, enter the effective date: 1) cannot be prior to nor modocument is filed by the Florida Department of Seffective date listed in the attached Articles of Oblisted 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 April	_ 20 <u> 0 (a</u>	
Signature of Authorized Person:	abay	
Printed Name: Mothew Liskay Title:	President	
Fees: Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	FILED 06 APR 17 PM12: 4

Page 2 of 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")	i i
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address: Mailing Address:	
208A OAK Ave N. PO BOX 103 Florahome, Florida 32140 32140 70 BOX 103 Florahome, Florida 32140-0103	
business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:	ORAPRIT PM
Name 208A OAK Ave N Florida street address (P.O. Box NOT acceptable)	
Florohome FL 32140 City, State, and Zip	
Having been named as registered agent and to accept service of process for the	

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Mathew Liskay 28A OAK AVE N. POBOX 103 Florahome, FR 32146
	(Use attachment if necessary)
CLE V: Effective date, if other than the ONAL) effective date is listed, the date must ess days prior to or 90 days after the d	be specific and cannot be more than five ate of filing.)
ONAL) effective date is listed, the date must ess days prior to or 90 days after the d REQUIRED SIGNATURE:	be specific and cannot be more than five ate of filing.)
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