## L06000042323

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
Bu	siness Entity Nan	nel
·		
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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FILED

OF APR 17 AM ID: 35

SECRET ANY OF STATE
TAIL AHASSEE, FLORID

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: One Call, LL (Name of Resulting Flori	da Limited Company)
The enclosed Certificate of Conversion, Article convert an "Other Business Entity" into a "Flor accordance with s. 608.439, F.S.	
Please return all correspondence concerning this	s matter to:
Susan Gaulrapp (Contact Person)	<u> </u>
One Call (Firm/Company)	and the state of t
8309 Woodsong Row (Addless)	
(Addjess)  Hudson, FL 34667 (City, State and Zip Code)  For further information concerning this matter,	please call:
Susan Gaulrapp at (Name of Contact Person)	( 727 ) 644 - 2720 (Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount:	
	\$180.00 Filing Fees d Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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

06 APR 17 AM 10: 35

FILED

Florida Limited Liability Company

SEUKLIANT OF STATE TALLAHASSEE, FLORIDA

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:
One Call Remodeling and Cleaning
One Call Remodeling and Cleaning (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Sole proprietorship
(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 North Carolina
(Enter state, or if a non-U.S. entity, the name of the country)
on <u>August 2<sup>nd</sup>, 1993</u> (Enter date "Other Business Entity" was first organized, formed or incorporated)
(Enter date "Other Business Entity" was urst organized, formed of 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:
State of Florida
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
One Call. LLC
(Enter Name of Florida Limited Lighility Company)

Page 1 of 2

5. If not effective on the date of filing, enter the ef (The effective date: 1) cannot be prior to nor m document is filed by the Florida Department of effective date listed in the attached Articles of O listed therein.)	ore than 90 days after th State; <u>AND</u> 2) must be th	ie same as the
Signed this 13th day of April	20.06e.	
Signature of Authorized Person:	laulmpp	<del></del> ~
Printed Name: Susan Gaulrapp Title	: Owner	
Fees:  Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	OG APR 17 AM 10: 35 SECRETATE FLORIDA TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited	I Liability Company is:	•	
Or	e Call, LLC		
		ed Company" or their abbreviation	on "LLC," or
ARTICLE II - Address	<del></del>	-in-in-1 - CCi CAL - T in-	.14. 1
Liability Company is:	street address of the p	rincipal office of the Lim	шеа
Principal Office Addre	ess:	Mailing Address:	
8309 Woodsong		8309 Woodson Hudson, fl 3	g Row 4667
Signature:	v cannot serve as its own Regis	d Office, & Registered a	SE SE
The name and the Florid	0 0		APR 17
<del></del>	Susan Gau Nam 8309 Woodsong	Raw	子門
Flor	ida street address (P.C	. Box NOT acceptable)	IO: 35 STATE FLORID
	Hudson City State	FL 34667 te, and Zip	A
Having been named a	• ,	e, and znp o accept service of proces	ss 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

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 (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.) 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.) Typed or printed name of signee 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)