# L06000044295

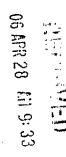
(Requestor's Name)		
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(City/State/Zip/Phone #)		
PICK-UP MAIL MAIL		
<u> </u>		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status _ I		
Special Instructions to Filing Officer:		
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Office Use Only



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### **Certificate of Conversion**

For

# "Other Business Entity"

Into

### Florida Limited Liability Company

This Certificate of Conversion <u>and attached Articles of Organization</u> 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:  24/7 A/C SERVICES INC.  (Enter Name of Other Business Entity) P05-45819
(Enter Name of Other Business Entity) P05-45819
2. The "Other Business Entity" is a
first organized, formed or incorporated under the laws of
on 3/38/05 (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:
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)

Page 1 of 2

5. If not effective on the date of filing, enter the effective date: 1) cannot be prior to nor medocument is filed by the Florida Department of effective date listed in the attached Articles of O listed therein.)	ore than 90 days after the date this State; <u>AND</u> 2) must be the same as the
Signed this 28 day of M APRIC	_20 <u>06</u>
Signature of Authorized Person: TRANA	DA
Printed Name: BAVID TRAN Title	:
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)

# **COVER LETTER**

TO: Registration Section Division of Corp			
SUBJECT: 24	4/7 A/C S	ERVICES LLC I Liability Company)	·
	(Name of Limited	I Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
David TRan (Name of Person)			
	a	Name of Person)	
**************************************	(	Firm/Company)	·
	255 AURES	Ct	
	7.19.1-2	(Address)	
Tallohassee, R1 32305			
·	(City)	State and Zip Code)	· · · · · · · · · · · · · · · · · · ·
For further information or	oncerning this matter, please	call·	
_ David	Ran	at (850) 2/9- (Area Code & Daytime Te	0681
(Name o	f Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a check for the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

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 "LC,")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
255 Ayers Ct Tallahassee, Fl 30305 Tallahassee, Fl 30305
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:
David Tean

255 Avels C Florida street address (P.O. Box NOT acceptable) Tallahassee FL 33305 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

The name and address of each Manager or Managing Member is as follows:		
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MBRM	David TRan 255 Ayres Ct Tallahassee, F1 30305	
MGRM	Leroy Lewis 255 Ayers Cr Tallchassee, A 32305	
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the date	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior	
REQUIRED SIGNATURE:		
Signature of a member of	or an authorized representative of a member.	
(In accordance with section of this document constitute that the facts stated here	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury ein are true.)	
	d 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)

ARTICLE IV- Manager(s) or Managing Member(s):

\$ 5.00 Certificate of Status (Optional)