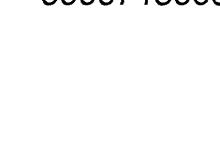
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(Requestor's	Name)
(Address)	
(Address)	
(City/State/Zi	p/Phone #)
PICK-UP W	AIT MAIL
(Business En	tity Name)
(Document Number)	
Certified Copies Cer	tificates of Status
Special Instructions to Filing Offi	cer:
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Rollrex Southwest, LI (Name of Resulting	Fiorida Limited Company)
The enclosed Certificate of Conversion, Ar convert an "Other Business Entity" into a "accordance with s. 608.439, F.S.	rticles of Organization, and fees are submitted to 'Florida Limited Liability Company" in
Please return all correspondence concerning	g this matter to:
Michael D. Randolph, Esq. (Contact Person)	
(Firm/Company)	
1619 Jackson Street (Address)	
Fort Myers, Ft. 33901 (City, State and Zip Code)	·
For further information concerning this ma	tter, please call:
Michael D. Randolph, Esq. (Name of Contact Person)	at (239)332–3366 (Area Code and Daytime Telephone Number)
Enclosed is a check for the following amou	int:
▼ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$ \$155.00 Filing Fees and Certificate of Status	S180.00 Filing Fees and Certified Copy Certified Copy, and Certificate of Status MAIL INC. ADDRESS:
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

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: JDA - Safety Roll Shutters.com, Inc. (Enter Name of Other Business Entity)	, sa
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 03/28/2005 (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:	
Rollnex Southwest. LLC	
	PH Ode Ade
Page 1 of 2	PH 3: 29

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 20th day of April	20.06
Signature of Authorized Person:	
Printed Name: Michael D. Randolph Title	: Attorney
Fees:	
Certificate of Conversion: Fees for Florida Articles of Organization:	\$25.00 \$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

Page 2 of 2



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:
Rollrex Southwest, 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:
14550 Glen Cove Drive. #702 Fort Myers, FL 33919
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:
Michael D. Randolph, Esq. Name
Florida street address (P.O. Box NOT acceptable)
Fort Myers FL 33901 FR P 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 408, If 8. Registered Agent's Signature (REQUIRED)
(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGRM Agnes Buerckmann 14550 Glen Cove Drive #702 Fort Myers, FL 33919 (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 fixed business days prior to or 90 days after the date of filing.) REQUIRED SIGNATURES Agnature 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 perjurg that the facts stated herein are true.) Michael D. Randolph 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)