00056198

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
		·		

Office Use Only



900074816599

05/25/06--01030--011 **155.00

2874 Med

B. Bollock IIIN 0 2 3006

COVER LETTER

	Registration S Division of C			
SUBJEC	_{CT:} AGNI	FORTUNE, INC) .	
	<u></u>		g Florida Limited Cor	mpany)
convert		usiness Entity" into a		ation, and fees are submitted to Liability Company" in
Please re	eturn all corr	espondence concernir	ng this matter to:	
Ronal	d L. Grah			
D 1		(Contact Person)	D 4	
Ronal	d L. Gran	nam & Company (Firm/Company)	, P. A.	
1214	Cana Cai	• •	to 207	•
1314	Cape Cui	ral Parkway, Sui	<u> </u>	
0	0	,		
Cape		L 33904-9643	· · · · · · · · · · · · · · · · · · ·	
	(·	City, State and Zip Code)		
For furth	ner informati	on concerning this ma	atter, please call:	
Ronal	ld L. Graf	nam	at (239	770-4400
(Name of Conta	act Person)		and Daytime Telephone Number)
Enclosed	d is a check t	for the following amo	unt:	
		\$155.00 Filing Fees and Certificate of Status	\$180.00 Filing and Certified Copy	
Registra Division Clifton E 2661 Ex	T ADDRES tion Section of Corporat Building ecutive Cent see, FL 323	ions er Circle	Registra Division P. O. Bo	NG ADDRESS: ation Section in of Corporations ox 6327 ssee, FL 32314

DIVISION OF CURROUS 46

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: AGNI FORTUNE, INC. PORTUNE, INC.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation
(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 May 29, 2002
(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:
n/a
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
AGNI FORTUNE, LLC
(Enter Name of Florida Limited Liability 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 the date this State; <u>AND</u> 2) must be the same as the
Signed this 22 day of May	
Signature of Authorized Person:	Caha_
Printed Name: Ronald L. Graham Title	Registered Agent
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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: AGNI FORTUNE, LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC." ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 7953 Bayshore Drive Treasure Island, FL 33706 1314 Cape Coral Parkway Suite 207

Cape Coral, FL 33904-9643

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:

Ronald L. Graham 1314 Cape Coral Parkway, Suite 207 Florida street address (P.O. Box NOT acceptable) Cape Coral, FL 33904-9643 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:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Frank Eickermann
<u> </u>	7953 Bayshore Drive
	Treasure Island, FL 33706
MGRM	Gery H. Klenke
	7963 Bayshore Drive
	Treasure Island, FL 33706-3525
MGRM	Mara Eickermann
	7953 Bayshore Drive
	Treasure Island, FL 33706
	(Use attachment if necessary)
effective date is listed, the date must ss days prior to or 90 days after the defection of the second state of the defective days after the defection of the second state of the second st	be specific and cannot be more than five late of filing.)
Ihan Eu	kl
Signature of a member or an au	uthorized representative of a member.
of this document constitutes an a	.408(3), Florida Statutes, the execution ffirmation under the penalties of perjury tated herein are true.)
Mara Eickermann, Mar	naging Member
	nted name of signee
Filing Fees:	
\$125.00 Filing Fee for Articles of Registered Agent	of Organization and Designation

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