# 10000074944

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:  Offic
Inc-LLC conversion

Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATIONS

#### COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT; L.T.C. Ventures L.L.C.
(Name of Resulting Florida Limited Company)
The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.
Please return all correspondence concerning this matter to:
Lucille Markowitz
(Contact Person)  L.T.C. Ventures L.L.C
(Firm/Company)
P.O. Box 1225 (144 Morris Lake Drive)
(Address)
Hawthorne FI 32640
(City, State and Zip Code)
For further information concerning this matter, please call:
Lucille Markowitz at ( 352 ) 481-4785
(Name of Contact Person) (Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount:
□\$150.00 Filing Fees □\$155.00 Filing Fees □\$180.00 Filing Fees □\$185.00 Filing Fees,  (\$25 for Conversion and Certificate of and Certified Copy Certified Copy, and \$125 for Articles Status of Organization)
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



July 19, 2006

LUCILLE MARKOWITZ P.O. BOX 1225 (144 MORRIS LAKE DRIVE) HAWTHORNE, FL 32640

SUBJECT: L.T.C. VENTURES L.L.C.

Ref. Number: W06000032100

We have received your document for L.T.C. VENTURES L.L.C. and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Organization, if any.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6853.

Leslie Sellers Document Specialist

Letter Number: 406A00046196

#### 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:

Certificate of Conversion is: L.T.C Ventures 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 United States		
(Enter state, or if a non-U.S. entity, the name of the country)	2	•
on 3/23/98		
(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:		
		<u>3</u>
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:		
L.T.C. Ventures L.L.C.		
(Enter Name of Florida Limited Liability Company)		_ ·

Page 1 of 2

5. If not effective on the date of filing, enter the effective date (The effective date: 1) cannot be prior to nor more than 90 document is filed by the Florida Department of State; AND effective date listed in the attached Articles of Organization	2) must be the same as the
The state of the s	i, if an effective date is
listed therein.)	

Signed this 11 day of Jun	е	<sub>20</sub> 06			
•			- :	÷ .	•
	11	211	//	2,	
Signature of Authorized Person:	Mar	Mari	and the		_

Printed Name: Charice Markowitz Title: Vice President

#### Fees:

Certificate of Conversion: \$25.00

Fees for Florida Articles of Organization: \$125.00 Certified Copy:

\$30.00 (Optional) \$5.00 (Optional) Certificate of Status:

Page 2 of 2

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name	A	RT	ICL	Æ	1		Na	me
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The name of the Limited Liability Company is:

## TIMOR

#### L.T.C. Ventures L.L.C.

(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 Ac	iaress:	

 144 Morris Lake Dr
 P.O. Box 1225

 Hawthorne Fl 32640
 Hawthorne Fl 32640

### 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:

Charice Markowitz

144 Morris Lake Dr

Florida street address (P.O. Box NOT acceptable)

Hawthorne 32640

FI

Mailing Address:

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

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#### 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:
Lucille Markowitz"MGR"	P.O. Box 1225 Hawthorne FI 32640
48458111	144 Morris Lake Dr. Hawthorne FI 32640
Charice Markowitz"MGR"	P.O. Box 1225 Hawthorne FI 32640
	144 Morris Lake Dr hawthorne FI 32640
Bertina Scheerer"MGRM"	519 Himalayan St
The property of the control of the c	Interlachen FI 32148
Luanne Markowitz"MGRM"	1510 SE 36th Ave Ocala Fl 34471
	(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 tive business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

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.)

Charice Markowitz

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)

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