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# L06000076234

(Requestor's Name)			
(Address)			
(Add	dress)		
(City	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bus	siness Entity Nar	me)	
(Do	cument Number)		
Certified Copies	Certificates	s of Status	
Special Instructions to I	Filing Officer:		
		·	

Office Use Only



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#### **COVER LETTER**

TO: Registration Section Division of Corporations	
	2TY MANAGEMENT, LLC ing Florida Limited Company)
·	Articles of Organization, and fees are submitted to a "Florida Limited Liability Company" in
Please return all correspondence concerr	ing this matter to:
ANTHONY J. JONES (Contact Person)	<u> </u>
MEJ Proplety MA (Firm/Company)	
Po Box 13194 (Address)	
(Address)	······································
SAINT PETERSBURG	G, FL 33733
(City, State and Zip Code	(a)
For further information concerning this r	natter, please call:
ANTHONY J. JONES	at (727) 423-2787  (Area Code and Daytime Telephone Number)
(Name of Contact Person)	(Area Code and Daytime Telephone Number)
Enclosed is a check for the following am	ount:
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\$155.00 Filing Fees and Certificate of Status	\$ \$180.00 Filing Fees and Certified Copy  State of Status  \$ \$185.00 Filing Fees, Certified Copy, and Certificate of Status
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

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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: $\rho_{Na} = 51.717$
Certificate of Conversion is:  MEJ PRODURTY MANAGEMENT, INC.  (Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a TNORDATION.
(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 ADRIL 21, 2006.
onADRI L_ 21, 2006. (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:
MET PRODUCTY MANAGEMENT, LLC. (Enter Name of Florida Limited Liability Company)
(Enter Name of Florida Limited Liability Company)

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 th
Signed this 25 day of Juy	_20 <u>06</u>
Signature of Authorized Person: Constance	3 dones
Printed Name: ANTHONY J. JONES Title	: CSO
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	he Limited Liability Company is:
MET	POPORTY MANAGEMENT, LLC
(Must end with the	words "Limited Liability Company, "Limited Company" or their abbreviation "LLC,

#### **ARTICLE II - Address:**

**Principal Office Address:** 

The mailing address and street address of the principal office of the Limited Liability Company is:

· · · · · · · · · · · · · · · · · · ·	
2184-66TH AVENUE SOUTH ST. PETERSBURG, FL 33712	PO BOX 13194 SAINT PETERSBURG FL, 33733

**Mailing Address:** 

## 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:

ANTHONY J. JONES	
Name	
2184-66+H AVENUE SOUTH	
Florida street address (P.O. Box NOT acceptable)	
_	
SAINT PATRESBURGEL 33712	
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 Ma The name and address of each Mana	naging Member(s): ager or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Managing Member	anthony J. Lones 2184-66 th are South St. Ferendama, FL 33712
Managing Member	Lynda K. Janes 2184-66774 Avenus Seuta ST. Pete, FL 33712
	(Use attachment if necessary)
ARTICLE V: Effective date, if other than the OPTIONAL) If an effective date is listed, the date musuriness days prior to or 90 days after the	t be specific and cannot be more than five
<b>REQUIRED</b> SIGNATURE:	
On thony J. Inc. Signature of a member or an a	uthorized representative of a member.
of this document constitutes an a	3.408(3), Florida Statutes, the execution affirmation under the penalties of perjury stated herein are true.)
ANTHONY J JONES Typed or pri	inted name of signee

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

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