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Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



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9-29-06

TO: Registration Section

2661 Executive Center Circle

Tallahassee, FL 32301

COVER LETTER

Division of Corporations	
SUBJECT: House Huyters	ENTERPRISE Jule C.
•	articles of Organization, and fees are submitted to
Please return all correspondence concerni	ng this matter to:
DOLMAR A. (Ross (Contact Person) House Hunters Enterprise (Firm/Company) 10410 MEADOW Sprin (Address) Tampa Fr. 33647 (City, State and Zip Code)	; Inc.
For further information concerning this ma	atter, please call:
DoLMAR A. CROSS (Name of Contact Person)	at (813) 787-3569 (Area Code and Daytime Telephone Number)
Enclosed is a check for the following amo	unt:
\$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 Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P. O. Box 6327

Tallahassee, Fl. 32314

· FROM :

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: Eurepaise, INC. 905=
(Enter Name of Other Business Entity)
Corporation 02
2. The "Other Business Entity" is a House two Tera Concornes Library
(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 5-19-05 (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:
FLORIDA
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
House Huntons Entreprise, LLC.
(Enter Name of Florida Limited Liability Company)

Page 1 of 2



5. If not effective on the date of filing, enter the effective date: 4-29-06
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)

Signed this 11th day of Sept. 2006.

Signature of Authorized Person:

Printed Name: DOLMAR A. CROSS Title: MANKOING MEMBER

Fees:

FROM:

Certificate of Conversion: \$25.0

Fees for Florida Articles of Organization:

Certified Copy: Certificate of Status: \$25.00 \$125.00

\$30.00 (Optional)

\$5.00 (Optional)

Page 2 of 2

· FROM :

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	· · · · · ·
The name of the Limited Liability Comp	pany is:
HOUSE HELNTORS ENTER	
(Mist and with the words "Limited Liability Company "L.C.,")	y, "Limited Company" or their abbreviation "LLC," or
ARTICLE II - Address:	
The mailing address and street address o	of the principal office of the Limited
Liability Company is:	Mailing Address:
	ECC 6S
Principal Office Address:	Mailing Address:
1040 MORDON Spring De	10410 MEADON Spains Dr
TAONER BY 33647	TAMPA FL 33647
CWW.	(a)
ARTICLE III - Registered Agent, Reg	ristered Office, & Registered Agent's 💛 🗠
Signature:	
(The Limited Liability Company cannot serve as its or	wn 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:
T	$\mathcal{O}_{\mathbf{a}}$
1 JOLHAR A	. (Koss
	Mana

Name

Name

Nous Spring Daive

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

TAMPA FL 33647

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

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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Dolum A. Cexs
	1040 MEADON SPENG DE
	TAMPA, FL 33647
	So
	>2)
	55.77 15.77
· · · · · · · · · · · · · · · · · · ·	
	(Use attachment if necessary)
	•
ICLE V: Effective date, if other than the	e date of filing: 9-29-06
TONAL)	
	be specific and cannot be more than five
ess days prior to or 90 days after the d	late of filing.)
REQUIRED SIGNATURE:	
RECORNED SIGNATURE.	
Signature of a member or an an	thorized representative of a member.
Signature of a member of an an	unorma i chi eschi alliyo di a momboli.
(In accordance with section 608.	408(3), Florida Statutes, the execution
	Tirmation under the penaltics of perjury
	ated herein are true.)

Filing Fees:

\$125,00 Filing Fee for Articles of Organization and Designation of Registered Agent

Typed or printed name of signee

\$ 30,00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)