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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	Name of Resulting	NRY, LLC g Florida Limited Company)
conve		rticles of Organization, and fees are submitted t "Florida Limited Liability Company" in
Please	e return all correspondence concernir	ng this matter to:
GLE	ENN FARINACCI	·.
LIB	(Contact Person) ERTY TAX SERVICE (Firm/Company)	
227	'5 S. FEDERAL HWY, S	SUITE 130
DE	LRAY BEACH, FL 3348 (City, State and Zip Code)	33
For fu	arther information concerning this ma	atter, please call:
GL	ENN FARINACCI (Name of Contact Person)	at (561) 279-0333 (Area Code and Daytime Telephone Number)
Enclo	sed is a check for the following amo	· · · · · · · · · · · · · · · · · · ·
(\$25 fc & \$125	0.00 Filing Fees Sor Conversion Soft Articles anization \$155.00 Filing Fees and Certificate of Status	\$180.00 Filing Fees and Certified Copy Certified Copy, and Certificate of Status
Regis Divisi Clifto 2661	EET ADDRESS: tration Section ion of Corporations on Building Executive Center Circle thassee, 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

OF OCT 31 PA 12: 31

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: BLACK TIP MASONARY INC. # P05000075775
(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 05/23/2005 (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:
BLACK TIP MASONRY, LLC
(Enter Name of Florida Limited Lightlity 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 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 27 day of OCTOBER 20 06	DINISION
Signature of Authorized Person: Warls R Edia III	PAN PAN
Printed Name: CHARLES R. EATON 4 TH Title: PRESIDENT	P. 31

Fees:

Certificate of Conversion:

\$25.00

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

\$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:

BLACK TIP MASONRY, LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," "L.C.,")

ARTICLE II - Address:

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

Princi	pal Offi	ice Ad	dress:

Office Address.

2357 OKLAHOMA STREET WEST PALM BEACH, FL

33406

Mailing Address:

2357 OKLAHOMA STREET

WEST PALM BEACH, FL

33406

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:

GLENN R. FARINACCI

2275 S.FEDERAL HWY, SUITE 130

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

DELRAY BEACH, FL 33483

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:
MGRM	CHARLES R. EATON 4 TH
	2357 OKLAHOMA STREET
	WEST PALM BEACH, FL 33406
	w national
	Nor Approx
	12. 72. 72. 72. 72. 72. 72. 72. 72. 72. 7
	5. A
	(Use attachment if necessary)
ARTICLE V: Effective date, if other tha	n the date of filing:
(OPTIONAL)	
(If an effective date is listed, the date n business days prior to or 90 days after t	nust be specific and cannot be more than five 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.)

CHARLES R. EATON 4 TH

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)