# L07000011971

(Requestor's Name)		
(Address)		
(Address)		
(City/State	/Zip/Phone #)	
PICK-UP	WAIT MAIL	
	Entity Name)	
A02	-1730	
(Document	Number)	
Certified CopiesC	Certificates of Status	
Special Instructions to Filing C	Officer:	
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Office Use Only



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O7 JAN 31 PH 2: 21
SECREDANTS CONTRACTE
TAIL ANASSEE FLORIDA



January 10, 2007

L TAN 4948 FLYNT DRIVE MARIANNA, FL 32446

SUBJECT: L TAN LTD

Ref. Number: A02000001730

We have received your document for L TAN LTD and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The wrong form was completed.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6067.

Letter Number: 807A00002190

Neysa Culligan Document Specialist

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: L TAN LLC (Name of Resulting Florida Limit	ited Company)
The enclosed Certificate of Conversion, Articles of Or convert an "Other Business Entity" into a "Florida Lir accordance with s. 608.439, F.S.	rganization, and fees are submitted to mited Liability Company" in
Please return all correspondence concerning this matter	er to:
L TAN (Contact Person)	<u>and the second of the second </u>
(Firm/Company)	<u>and the second of the second </u>
4948 FLYNT DR. (Address)	<u></u>
MARIANNA FL. 32446 (City, State and Zip Code)	
For further information concerning this matter, please	call:
(Name of Contact Person) at (90°) (Area	a Code and Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$150.00 Filing Fees \$155.00 Filing Fees \$180.00 and Certificate of \$125 for Articles of Organization)	Filing Fees \$185.00 Filing Fees, led Copy Certified Copy, and Certificate of Status
Registration Section R Division of Corporations D Clifton Building P	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Fallahassee, FL 32314

Tallahassee, FL 32301

# Certificate of Conversion For "Other Business Entity" Into Florida Limited Liability Company

# FILED 07 JAN 31 PM 2: 21 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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:  L TAN LTO A02-1730.		
(Enter Name of Other Business Entity)		
2. The "Other Business Entity" is a <u>L. TAN LLC</u> Lingted fasheship (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 12/27/02 (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:		
no deange.		
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:		
L TAN LLC.		
(Enter Name of Florida Limited Liability Company)		

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 29th day of January	_20_07	
Signature of Authorized Person:		<u></u>
Printed Name: L7AN Title	: Magr	· · · · · ·
Fees:  Certificate of Conversion:	\$25.00	07 JAN 31 SECIRLIANASS
Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$125.00 \$30.00 (Optional) \$5.00 (Optional)	PA 2

Page 2 of 2

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

[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 pr Liability Company is:	rincipal office of the Limited	
Principal Office Address:	Mailing Address:	
4948 FLYNT DR MARIANNA, FL 32446	4948 FLYNT DR MARIANNA, FL 32446	
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:    L TAN		

Chapter 608, F.S..

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

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 "MGRM" = Managing Member	Name and Address:	
Mar	L. Pan 4948 Flynt Dr Marianna, FL 32446	
<u></u>		
<del></del>	(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date (OPTIONAL) (If an effective date is listed, the date must be business days prior to or 90 days after the date	ate of filing:	
REQUIRED SIGNATURE:	specific and cannot be more than five 32 FLED	
Signature of a member or an authorized representative of a member.		
(In accordance with section 608.40) of this document constitutes an affirm that the facts state	8(3), Florida Statutes, the execution mation under the penalties of perjury d herein are true.)	
L 7AN Typed or printer	I name of signee	
Typed of printed	a nume of signed	

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)