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(Requestor's Name)		_
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
_		_
PICK-UP	MAIT	MAIL
(Business Entity Name)		
(Doc	cument Number)	
	•	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer	
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Office Use Only



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SECRETARY OF STATE
TALL AHASSEF FLORIDA

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COYE	RLETTER
TO: Registration Section Division of Corporations	
SUBJECT: RICHARD F. LEWONSKI (Name of Resulting	Florida Limited Company)
The enclosed Certificate of Conversion, Arconvert an "Other Business Entity" into a "accordance with s. 608.439, F.S.	ticles of Organization, and fees are submitted to 'Florida Limited Liability Company" in
Please return all correspondence concernin	g this matter to:
RICHARD F. LEWONSKI (Contact Person)	
(Firm/Company) 1891 LIVE OAK STREET N. E.	
(Address)	
PALM BAY FLORIDA 32905	1
(City, State and Zip Code)	
For further information concerning this ma	atter, please call:
RICHARD F. LEWONSKI	at (802) 578-1342
(Name of Contact Person)	(Area Code and Daytime Telephone Number)
Enclosed is a check for the following amou	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: 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

FILED

07 FEB 21 AM IO: 30

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" infinediately prior to the filing of this
Certificate of Conversion is:
RICHARD F. LEWONSKI EA, ATA, ABA
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a SOLE PROPRIETORSHIP
(Enter entity type. Example: corporation, limited partnership, sole proprietorshi general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
on JANUARY 1, 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:
1. The name of the Florida Limited Liability Company as set forth in the attached
RICHARD F. LEWONSKI L.L.C.
र्व प्रशासन्वार के प्रवेदी हैं के क्षार है हैं के किए के

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5. If not effective	e on the date of fili	ing, enter the effect	tive date: MARCH	1, 2007
(The effective da	ite: 1) cannot be	prior to nor more	than 90 days aft	er the date this
document is filed	i by the Florida D	Department of Sta	ite; <u>AND</u> 2) must	be the same as the
effective date list	ted in the attache	d Articles of Orga	anization, if an ef	fective date is
listed therein.)				

Signed this 9TH day of FEBRUARY 2007

Ruland 7 Kararaki Signature of Authorized Person:

Printed Name: RICHARD F. LEWONSKI Title: TAX ADVISOR & CONSULTANT

Fees:

Certificate of Conversion: \$25.00 \$125.00

Fees for Florida Articles of Organization:

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

Page 2 of 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability C	Company is:
RICHARD F. LEWONSKI L.	L. C.
(Must end with the words "Limited Liability Co "L.C.,")	ompany, "Limited Company" or their abbreviation "LLC," or
ARTICLE II - Address: The mailing address and street addre Liability Company is:	ess of the principal office of the Limited
Principal Office Address:	Mailing Address:
1891 LIVE OAK STREET N. PAILM BAY FLORIDA 32905	PALM BAY FLORIDA 32905
Signature:	- Page 10
The name and the Florida street add	
RICHARD F.	LEWONSKI SET O
1891 LIVE	Name OAK STREET N. E. Iddress (P.O. Box NOT acceptable)
Florida street ac	ddress (P.O. Box NOT acceptable)
PALM BAY	32905

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)

City, State, and Zip

(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 "MGRM" = Managing Member	Name and Address:
MGR=MANAGER	RICHARD F. LEWONSKI 1897 LIVE OAK STREET N. E. PALM BAY FLORIDA: 32905
	
	(Use attachment if necessary)
ARTICLE V: Effective date, if other than the da (OPTIONAL) (If an effective date is listed, the date must be business days prior to or 90 days after the date REQUIRED SIGNATURE:	specific and cannot be more than five
Ruchus 7 Janus Signature of a member or an author	orized representative of a member.
of this document constitutes an affir	8(3), Florida Statutes, the execution mation under the penalties of perjury d herein are true.)
RICHARD F. LEWONSKI Typed or printed	d name of signee DA
Filing Fees:	
\$125.00 Filing Fee for Articles of C of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Opti	· · · · · · · · · · · · · · · · · · ·