# L07000027372

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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4. BRYAN MAR 1 3 2007

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Sebex L.L.C.
(Name of Resulting Florida Limited Company)
The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.
Please return all correspondence concerning this matter to:
Nicola Swaby
Nicola Swaby (Contact Person)
(Contact Person)  (Firm/Company)
549 Sem CT (Address)
(Address)
Apopka Flovida 32712 (City, State and Zip Code)
For further information concerning this matter, please call:
Nicola Swaby at (407) 383-6145 (Name of Contact Person) (Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount:
\$\sum_{\subseteq}\$150.00 Filing Fees   \$\sum_{\subseteq}\$155.00 Filing Fees   \$\sum_{\subseteq}\$180.00 Filing Fees   \$\sum_{\subseteq}\$185.00 Filing Fees,   \$\cup_{\subseteq}\$25 for Conversion   and Certificate of   and Certified Copy   Certified Copy, and   Certificate of Status   Certificate
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



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 1, 2007

NICOLA SWABY 549 SEAN CT APOPKA, FL 32712

SUBJECT: SEBEK L.L.C. Ref. Number: W07000010379 SEGNETARY OF STATIONS
DIVISION OF CORPORATIONS
OF FEB 28 PM 3: 39

We have received your document for SEBEK L.L.C. and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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) 245-6043.

Joey Bryan Document Specialist

Letter Number: 707A00014743

# **Certificate of Conversion**

For

# "Other Business Entity"

Into

### Florida Limited Liability Company

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 Bush	•	~ 1	U		
Certificate of Conversion is:	Sebek	TUC	#P030001222	73	
(Enter Name of Other Business Entity)					
2. The "Other Business Entity" (Enter entity type. Example: general partner	corporation, lin	nited part	nership, sole proprietorship	ρ,	
first organized, formed or incorp (Enter state, or if	orated under the a non-U.S. entity	laws of y, the nam	FloviDA e of the country)	07,FEB	SICRE
on 10 30 63 (Enter date "Other Business	Entity" was firs	st organize	d, formed or incorporated)	28 PM	FILE ST
3. If the jurisdiction of the "Othe under the laws of which it is now	•		•	ვ. 39	RATIONS
4. The name of the Florida Limi Articles of Organization:	ted Liability Con		t forth in the attached		
(Enter Name	of Florida Limit	ed Liabilit	y 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 thi State; <u>AND</u> 2) must be the same a	is is the		
Signed this 8 day of February	20 <u>07</u> .			
Signature of Authorized Person:				
Printed Name: Nicola Suby Title: MGRM				
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)	CIVISION OF CCRPORATION OF FEB 28 PM 3: 3:		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Sebek L.L.C	
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "Li", L.C.,")	LC," or
ARTICLE II - Address:	
The mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address: Mailing Address:	
1758 East Silver Star Rd. PO Box 55	u
Ococe PL. 34761 - Apopla Pl. 32	<del>.76</del> 4
	<del></del> , -
ARTICLE III - Registered Agent, Registered Office, & Registered Agen	ıt's
Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an	0.00
individual or another business entity with an active Florida registration.)	WISION OF FEB
The name and the Florida street address of the registered agent are:	OF CO
Mans Barrett	PH SPE
8027 Beechaule Dr.	PH.3: 39
Florida street address (P.O. Box NOT acceptable)	9
Odando m37018	

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:			
MGRW	Nicola Swaby POBOX 559 Apopla FC. 32704			
MGRW	CHANTES MAUSIR 199 ARton Sq # 107 Altornorte Spring, Plovids 32714			
(OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five CONTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five CONTIONAL)  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.)  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)