# L0700038864

•
(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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SECRETARY OF STATE

OIVISION OF CORPORATION

# **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJ	ECT: Pine Island Serv	· · · · · · · · · · · · · · · · · · ·
	(Name of Resu	ılting Florida Limited Company)
conve		n, Articles of Organization, and fees are submitted to o a "Florida Limited Liability Company" in
Please	e return all correspondence conce	rning this matter to:
Fra	nk Gutta	
Fra	(Contact Person) nk Gutta, CPA, P.A.	
400	(Firm/Company)	In
490	Sawgrass Corp Par	kway, #310
	(Address)	
Sur	rrise, FL 33325	
	(City, State and Zip Co	ode)
For fu	orther information concerning this	s matter, please call:
Fra	nk Gutta	at ( 954 ) 452-8813
	(Name of Contact Person)	(Area Code and Daytime Telephone Number)
Enclos	sed is a check for the following a	mount:
(\$25 for & \$125	1.00 Filing Fees r Conversion for Articles sinization)  \$\begin{array}{l} \$155.00 \text{ Filing Fe} and Certificate of Status  \$\text{Status}\$	ees \$\Bigcup \\$180.00 \text{ Filing Fees,} \\ \text{and Certified Copy} \\ \text{Certified Copy, and} \\ \text{Certificate of Status}
Regist Division Clifton 2661 I	CET ADDRESS: tration Section on of Corporations n Building Executive Center Circle assee, 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

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 Business Entity" immediately prior to the filing of this
Certificate of Conversion is: Pine Island Service, Inc.
(Enter Name of Other Business Entity) P07-39244
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, USA
(Enter state, or if a non-U.S. entity, the name of the country)
on March 28th, 2007
(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:
Pine Island Service, LLC
(Enter Name of Florida Limited Liability Company)

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Apr. 05 2007 03:23PM P4

FROM : PINE ISLANDSUNOCO

FAX NO. :9547415802

Apr 05 2007 9:36AM

HP LASERJET FAX

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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.)

Signature of Authorized Person:

Printed Name: Thomas Mix

Title: Managing Member

#### Fces:

Certificate of Conversion:

\$25.00

Fees for Florida Articles of Organization:

S125.00

Certified Copy:

\$30.00 (Optional)

Certificate of Status:

\$5,00 (Optional)

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FAX NO. :9547415802

Apr. 05 2007 03:22PM

Apr 05 2007 9:35AM

HP LASERJET FAX

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

## Pine Island Service, LLC

(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 principal office of the Limited Liability Company is:

#### Principal Office Address:

Mailing Address:

4401 N Pine Island Road

Sunrise, FL 33351

4401 N Pine Island Road Sunrise, FL 33351

#### 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 enother business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Thomas Mix

4401 N Pine island Road

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

Sunrise.

33351

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 agreeflo 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 abligations of my position as registered agent as provided for in Chapter 608, F.S.

legistered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

FAX NO. :9547415802

Apr 05 2007 9:350M

HP LASERJET FAX

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<u>Title:</u> "MGR" = Manager "MGRM" = Managing Mem	Name and Address: ber
MGRM	Thomas Mix
	4401 N Pine Island Road
	Sunrise, FL 33351
MODM	
MGRM	Brian Decelle
	4401 North Pine Island Road
	Sunrise, FL 33351
	·
	**************************************
	(Use attachment if necessary)
TCLE V: Effective date, it othe	(Use attachment if necessary) r than the date of filing:
MONAL)  n effective date is listed, the dences days prior to or 10 days af	r than the date of filing:  Ite must be specific and cannot be more than five ter the date of filing.)
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5 30.00 Certified Copy (Optional)
5 5.00 Certificate of Status (Optional)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent