# 107000019898

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL .
, (Bu	siness Entity Name	<del>)</del>
(Do	cument Number)	——————————————————————————————————————
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
		$\chi$
789(70	7)671	
	Office Use Only	- •



800098444008

06/26/07--01042--016 \*\*115.00

04/26/07--01034--013 \*\*35.00

07 JUL -5 PH 1:27
SECRETIFY OF STATE
SECRETIFY OF STATE

Worl-20142



## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 30, 2007

WILLIAM KURT ANDERSON 8015 SHADY GROVE RD JACKSONVILLE, FL 32256

SUBJECT: ANDERSON-CBEC, INC.

Ref. Number: W07000020742

We have received your document for ANDERSON-CBEC, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$115.00.

•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) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 207A00029391



### FLORIDA DEPARTMENT OF STATE Division of Corporations

June 27, 2007

WILLIAM KURT ANDERSON 8015 SHADY GROVE RD JACKSONVILLE, FL 32256

SUBJECT: ANDERSON-CBEC, INC.

Ref. Number: W07000020742

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

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

The effective date must be specific and cannot be prior to the date of filing.

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) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 507A00041981

# **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: AND ELSON - LBEC LLC (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:				
Win Kung ANDERSON  (Contact Person)  ANDERSON - CB2C, INZ  (Firm/Company)  8015 Shady Man Rd  (Address)				
(Contact Person)  AND ER SON ~ CB2C III				
(Firm/Company)				
8015 Shady Dear Ped				
U(Address)  Jack Stand No. FL 32276  (City, State and Zip Code)				
(City, State and Zip Code)				
For further information concerning this matter, please call:				
at (				
(Name of Contact Person) (Area Code and Daytime Telephone Number)				
Enclosed is a check for the following amount:				
\$150.00 Filing Fees \$155.00 Filing Fees and Certified Copy and Certificate of Status  \$185.00 Filing Fees Certified Copy and Certificate of Status  \$185.00 Filing Fees, Certified Copy, and Certificate of Status				
STREET ADDRESS: MAILING ADDRESS:				
Registration Section Registration Section				
Division of Corporations  Division of Corporations  P. O. Box 6327				
2661 Executive Center Circle Tallahassee, FL 32314				
Tallahassee, FL 32301				

# **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.

Certificate of Conversion is:  (Enter Name of Other Business Entity)	xoq
2. The "Other Business Entity" is a <u>Corporation</u> .  (Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)	20 6
first organized, formed or incorporated under the laws of Hoerda.  (Enter state, or if a non-U.S. entity, the name of the country)	TORRESE PA
On Center 12006 (Enter date "Other Business Entity" was first organized, formed or incorporated)	1:27
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:	P
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:	

Page 1 of 2

(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 day of Authorized Person: War Aller .	
Printed Name: Work Know Aros Wood Title: Property of The Printed Name: Work Know Aros Wood Title: Printed Name: Work Aros Wood Title: Printed Name: Wood Title: Printed Name: Work Aros Wood Title: Printed Name: Wood Title: Wood Title: Printed Name: Wood Title: Wood Title: Wo	

Certificate of Conversion:

\$25.00

Fees for Florida Articles of Organization:

\$125.00

Fees:

Certified Copy: Certificate of Status:

\$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	s:
ANDERSON - CBSC. LL	٠ 
(Must end with the words "Limited Liability Company, "Lim"L.C.,")	ited Company" or their abbreviation "LLC," or
ARTICLE II - Address:	
The mailing address and street address of the	principal office of the Limited
Liability Company is:	•
	9
Principal Office Address:	Mailing Address: 异岛 生 水
8015 Shaly GROVERS	Sort Sharly Grower & in F
BLACKSONVILLE FL 32256	CHECO WITE 40 STA
	ed Office. & Registered Agent's
ARTICLE III - Registered Agent, Registered	ed Office, & Registered Agent's
Signature:	<u>D</u> m
(The Limited Liability Company cannot serve as its own Reg	istered Agent. You must designate an
individual or another	-

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

business entity with an active Florida registration.)

BOIST Shady GROVE RD

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

Tetson V. 16, 1 FL 3225 Z

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	Win Kurt ANDERSON 8015 Shady GROVE RD Trickson VIIII FZ 32266	
<u> </u>		
	OI JUL	
ARTICLE V: Effective date, if other than the date	(Use attachment if necessary)  Attention of filing:	
(OPTIONAL) (If an effective date is listed, the date must be business days prior to or 90 days after the date	specific and cannot be more than five	
REQUIRED SIGNATURE:  Signature of a member or an author	orized representative of a member.	
(In accordance with section 608.408 of this document constitutes an affirm that the facts state	mation under the penalties of perjury	
W.71 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)