L0700007073

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
_
PICK-UP WAIT MAIL
(Business Entity Name)
,
(Document Number)
,
Certified Copies Certificates of Status
Continued Sopies
Special Instructions to Filing Officer:
Daniel Rhodes GAVE
COMPEC: Correct LA addres DATE 7/9/07
CORRECT Correct LA address
DATE 7/9/07
DOC. EXAM.

Office Use Only



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PILED

07 JUL -6 PH 1: 50

SECRETARY OF STATE
TALLAHASSEE, FLORID



COVER LETTER

Division of Corporations
SUBJECT: I Con Kealty, 11C (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:
Danie L. Rhodes Jr.
Icon Realty, Inc
P.O. Box 26641
Jacksonville, FL 32226 (City, State and Zip Code)
For further information concerning this matter, please call:
Oanie LR hodes Jr at (904) 343-2523 (Name of Contact Person) (Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount:
\$150.00 Filing Fees (\$25 for Conversion & and Certificate of Status) \$180.00 Filing Fees and Certified Copy Certified Copy, and Certificate of Status
of Organization) Certified Copy #30.00
STREET ADDRESS: Registration Section MAILING ADDRESS: Registration Section
Division of Corporations Division of Corporations
Clifton Building P. O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

Certificate of Conversion For "Other Business Entity" Into

07 JUL -6 PM 1:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

Florida Limited Liability Company

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: Icon Realty, Inc
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>Corporation</u> P-3476
(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 Flori de (Enter state, or if a non-U.S. entity, the name of the country)
on April 3, 2000 (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: N/A
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Icon Realty, LLC
(Enter Name of Florida Limited Liability Company)

Page 1 of 2

(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; <u>AND</u> 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 2 day of Ju	<u>ly</u>	20 <u>07</u> .	
Signature of Authorized Person:	Journal	Tho	

5. If not effective on the date of filing, enter the effective date: Dete Filed.

Fees:

Certificate of Conversion: \$25.00 Fees for Florida Articles of Organization: \$125.00

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

Printed Name: Daviel L. Rhodes Fille: President

Page 2 of 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:				
Icon Realty, LL	\mathcal{C}			
(Must end with the words "Limited Liability Company, "Limited "L.C.,")	d Company" or their abbreviation "LLC," or			
ARTICLE II - Address: The mailing address and street address of the pri Liability Company is:	ncipal office of the Limited			
Principal Office Address:	Mailing Address:			
5255 Dunn Ave Suite 4 Jackson ville; FL 32218	P.O. Box 26641 Jacksonville, FL 32226			
ARTICLE III - Registered Agent, Registered Signature: (The Limited Liability Company cannot serve as its own Registerindividual or another business entity with an active Florida registration.)	T's			
The name and the Florida street address of the re				
lamala H. Brown 70 =				
5255 Dunn F Florida street address (P.O.				
Jackson Ville City, State	FL 3226 , and Zip			
Having been named as registered agent and to				

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 Manager The name and address of each Manager	ing Member(s): or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Tamala A. Brown P.O. Box 26641
MGR	Daniel L. Rhondes Jr P.O. Bux 26641
	Jackson ville, FL 32226
·	(Use attachment if necessary)
ARTICLE V: Effective date, if other than the date (OPTIONAL) (If an effective date is listed, the date must be s business days prior to or 90 days after the date of	pecific and cannot be more than five
REQUIRED SIGNATURE:	>
Signature of a member or an author (In accordance with section 608.408() of this document constitutes an affirmation	3), Florida Statutes, the execution
that the facts stated \mathcal{T}	wo ame of signee
Filing Fees:	FLORIE FLORIE
\$125.00 Filing Fee for Articles of Org of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Ontional)	anization and Designation