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| (Re | questor's Name) | ··· |
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| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| · (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 19, 2007

DAVID BEATEY 3223 VINEWOOD LANE JACKSONVILLE, FL 32207

SUBJECT: B & H ENTERPRISES, LLC

Ref. Number: W07000029067

We have received your document for B & H ENTERPRISES, LLC and your check(s) totaling \$105.00. 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.

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) 245-6020.

Tammi Cline Document Specialist

Letter Number: 307A00040670

COVER LETTER

| | egistration | Section Corporations | Form | . 4.1.1 | £07000141 | 102 | |
|--|---|---|----------------------------|------------------------------------|--|-----------------------------|------------|
| | | • | • • • | | | | |
| SUBJEC | (Name of | l Enterprises, LL Florida Limited Partnershi | P FL. Bu | <u>A.#</u> bility Lim | GP07000Enited Partnership) | 10.354 | |
| Limited I Organiza | Partnership tion" in acc | cate of Conversion an or Limited Liability Lordance with s. 620.2 | imited Partne 104, F.S. | rship int | | orida | |
| Please re | turn all cor | respondence concernii | ng this matter | to: | | | |
| David | Beatey | | | | | | |
| | | (Contact Person) | | | | • | |
| <u>B&H</u> | Enterpris | ses DBA River C | City Tile & | Grout | | | |
| | | (Firm/Company) | | | | | |
| 3223 V | /inewood | d Lane | | | | | |
| | | (Address) | | | | | |
| Jackso | nville, F | L 32207 | | | | | |
| | (| City, State and Zip Code) | | | | | |
| | | | | | | | |
| For further | er informati | on concerning this ma | atter, please ca | all: | | | |
| David i | Beatey | | at (904 | 3 2 | 27-5557 | | |
| <u> </u> | Name of Cont | act Person) | | ode and [| Daytime Telephone | e Number) | |
| Enclosed | is a check | for the following amo | unt: | | | ίω. (ω) (ω) | |
| □\$52.50 F | filing Fee | \$61.25 Filing Fee and Certificate of Status | \$105.00 Fi | | \$113.75 Fili Certified Copy Certificate of S | y, and | 5 th 17 th |
| Registrati Division of Clifton B 2661 Exe | ADDRES ion Section of Corporat uilding cutive Cent ee, FL 323 | tions ter Circle | Reg Div P. C | gistration ision of D. Box 6 | ADDRESS: a Section Corporations 327 , FL 32314 | RY OF STAFT SEE, FLORING | is and and |

COVER LETTER

TO: Registration Section

| Division of Corporations | | |
|---|---|--|
| SUBJECT: BAH Enterpris | SCS JJC 3 Florida Limited Company) | |
| The enclosed Certificate of Conversion, Asconvert an "Other Business Entity" into a accordance with s. 608.439, F.S. | rticles of Organization, and fees are submitted to "Florida Limited Liability Company" in | |
| Please return all correspondence concerning | ng this matter to: | |
| David W. Beat (Contact Person) By H Enter Prises (Firm/Company) 3223 Vinewood La (Address) | ey ,uc ane | |
| MCKGCNVIIIE, FI. 322 (City, State and Zip Code) | 77 | |
| For further information concerning this ma | atter, please call: | |
| (Name of Contact Person) | at (904) 320-5550 (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) \$\begin{array}{c} \$155.00 Filing Fees and Certificate of Status \$\begin{array}{c} | \$180.00 Filing Fees Status Sta | The state of the s |
| 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 | The state of the s |

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: PAH Enterprises, LLP |
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a LLP (R67). |
| (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 |
| (Enter state, or if a non-U.S. entity, the name of the country) |
| on <u>ala8107</u> . |
| (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: |
| 4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Pott Entropiscs, 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 Oth day of JULY 2007 |
| Signature of Authorized Person. Dalar Company |
| Printed Name: Muid bratcy Title: Partner |

Fees:

Certificate of Conversion:

\$25.00

Fees for Florida Articles of Organization:

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Certified Copy: Certificate of Status:

Page 2 of 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

| "MGR" = Manager | Name and Address: |
|--|---|
| "MGRM" = Managing Member | David Beaten |
| mgrm_ | William A. thrmon. 12227 Moose Hollaw Bri Sacrisonville, Fl. 32221 |
| | |
| | (Use attachment if necessary) |
| NAL) fective date is listed, the date mus days prior to or 90 days after the | t be specific and cannot be more than five date of filing.) |
| REQUIRED SIGNATURE: | 1/1/ |
| REQUIRED SIGNATURE: Signature of a member or an a | uthorized representative of a member. |
| Signature of a member or an a (In accordance with section 608 of this document constitutes an a | uthorized representative of a member. 3.408(3), Florida Statutes, the execution affirmation under the penalties of perjury stated herein are true.) |
| Signature of a member or an a (In accordance with section 608 of this document constitutes an a that the facts s | 3.408(3), Florida Statutes, the execution affirmation under the penalties of perjury stated herein are true.) |
| Signature of a member or an a (In accordance with section 608 of this document constitutes an a that the facts of the fac | 3.408(3), Florida Statutes, the execution affirmation under the penalties of perjury stated herein are true.) |
| Signature of a member or an a (In accordance with section 608 of this document constitutes an a that the facts of the fac | as 3.408(3), Florida Statutes, the execution affirmation under the penalties of perjury stated herein are true.) The stated herein are true. |