# L07000081314

(Re	equestor's Name)	
(Address)		
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



400106880484

08/07/07--01027--010 \*\*155.00

SECRETARY OF STATE OF STATE OF CORPORATIONS

# **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: DEEONY, LLC  (Name of Resulting Flor	rida Limitad Company)	
The enclosed Certificate of Conversion, Article convert an "Other Business Entity" into a "Flo accordance with s. 608.439, F.S.	es of Organization, and fees are submitted to	o
Please return all correspondence concerning the Kabert L. Troup  (Contact Person)	is matter to:	
18049 Financial Services  (Dirm/Company)  4343- A Kidgerood We	<u></u>	O7 AUG
For Surther in Sermetion concerning this matter	7	O7 AUG -7 PM 2:51
For further information concerning this matter,  Robert G. Troup	(386 ) 756-1208	
(Name of Contact Person)	(Area Code and Daytime Telephone Number)	
Enclosed is a check for the following amount:		
\$\sum_\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)  \$\sum_\$150.00 Filing Fees and Certificate of are Status	\$180.00 Filing Fees ad Certified Copy Certified Copy, and Certificate of Status	
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	

# 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:  Deneen M. Wilson D/B/A Deeony  (Fatar Name of Other Business Entity)		
(Enter Name of Other Business Entity)		
2. The "Other Business Entity" is a Sole Proprietorship		
(Enter entity type. Example: corporation, limited partnership, sole proprietorship general partnership, common law or business trust, etc.)	١,	
first organized, formed or incorporated under the laws of Florida		
(Enter state, or if a non-U.S. entity, the name of the country)	07	SI
on July 1, 2007	2	SICR
(Enter date "Other Business Entity" was first organized, formed or incorporated)	07 AUG -7	FIARY OF CO
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:	PM 2:51	OF STATE )RPORATIONS
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:		
DEEONY, LLC		
(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.)	ne
Signed this 3rd day of August 20 07	
Signature of Authorized Person: Chenen M. Wilson	
Printed Name: Deneen M. Wilson Title: Manager, Member	
Fees:	07

Page 2 of 2

\$25.00 \$125.00

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

Certificate of Conversion: Fees for Florida Articles of Organization:

Certified Copy: Certificate of Status:

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

## DEEONY, LLC

(Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC.")

#### **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

<b>Principal Office Address:</b>
----------------------------------

**Mailing Address:** 

160 Gamble Avenue	
Ormond Beach, FL 32174	

Ormond Beach, FL 32174

# 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 another

business entity with an active Florida registration.)

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

Deneen M. Wilson

160 Gamble Avenue

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

Ormond Beach

FL

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 HOBERT G. TROUP
NOTARY PUBLIC, STATE OF FLORIDA
MY Comm. Expires SEPT. 9, 2008
COMM. # DD333078

07 AUG -7 PM 2:51

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

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	Deneen M. Wilson
	160 Gamble Avenue
	Ormond Beach, FL 32174
MGRM	Anthony L. Rodgers
	160 Gamble Avenue
	Ormond Beach, FL 32174
•	
<del></del>	0 2
	7 550
	(Use attachment if necessary) 등 空間
CLE V: Effective date, if other than the d	late of filing:
IONAL)	P PP
,	e specific and cannot be more than five 💍 😽
iess days prior to or 90 days after the dat	e specific and cannot be more than five 2:5
REQUIRED SIGNATURE:	<b>–</b> 5
$\overline{}$	1.4-
Weneen M. W	WSM
Signature of a member or an auti	norized representative of a member.
/1 1 11 11 11 600 46	08(3), Florida Statutes, the execution
of this document constitutes an affir	rmation under the penalties of perjury ed herein are true.)
of this document constitutes an affir that the facts state Deneen M. Wilson	rmation under the penalties of perjury ed herein are true.)
of this document constitutes an affir that the facts state Deneen M. Wilson	rmation under the penalties of perjury

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

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

Page 2 of 2

ROBERT G. TROUP
NOTARY PUBLIC, STATE OF FLORIDA
MY Comm. Expires SEPT. 9, 2008
COMM. # DD333078