(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:
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COVER LETTER

TO:	Registration Division of C	Section Corporations		
SUBJI	ECT:	Ames (Name of Resulting	W. Sour	es, LLC
conver		usiness Entity" into a	rticles of Organization, "Florida Limited Liabil	and fees are submitted to lity Company" in
Please	return all cor	respondence concernir	ng this matter to:	
	Jan Jar	Contact Person) New W. S	quires, Ll	i.c
2	31 5	(Firm/Company)	iersod st	
Be	verly	(Address) City, State and Zip Code)	71 3446	5
	Name of Control of Sed is a check	Jan De	at (352) 7 (Area Code and D	46.5380 aytime Telephone Number)
\$150. (\$25 for & \$125	.00 Filing Fees Conversion for Articles nization)	\$155.00 Filing Fees and Certificate of Status	\$180.00 Filing Fees and Certified Copy	\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Registr Division Clifton 2661 E	ET ADDRES ration Section on of Corpora n Building Executive Cen assee, FL 32	tions ter Circle	MAILING A Registration Division of C P. O. Box 63 Tallahassee,	Section Corporations 27

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: James W. Squise
(Enter Name of Other Business Facity)
2. The "Other Business Entity" is a Sole awylls . (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 <u>JL</u>
(Enter state, or if a non-U.S. entity, the name of the country) on
(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:
(Exter Name of Florida Lingted Liability Company)
U

Page 1 of 2

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
Signature of Authorized Person: All Manager Printed Name: Ames w. Swiecs Title: Manager

Fees:

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

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:	
(Must end with the words "Limited Liability Company," the abbrevia "LLC.")	tion "L.L.C.," or the designation
ARTICLE II - Address: The mailing address and street address of the princip Liability Company is:	oal office of the Limited
Principal Office Address: M	ailing Address:
231 S. Jefferson ST. Beverly Hills, 71 34465	(Dame)
ARTICLE III - Registered Agent, Registered Off Signature: (The Limited Liability Company cannot serve as its own Registered Aindividual or another business entity with an active Florida registration.)	
The name and the Florida street address of the regist	
<u> Jeanette</u>	Masquir.
_331 Sname Je	Aferson St.
Florida street address (P.O. Box	NOT acceptable)
Deverly Still, FL	34465
City, State, and	d Zip .
Having been named as registered agent and to acc above stated limited liability company at the place a	lesignated in this certificate nt and agree to act in this
hereby accept the appointment as registered age capacity. I further agree to comply with the provision the proper and complete performance of my duties accept the obligations of my position as registered Chapter 608, F.S Registered Agent's Signature	, and I am familiar with and agent as provided for in

e: GR" = Manager GRM" = Managing Member	Name and Address:
MER	James W. Sae Deserly Hills, F.
· ·	
	(Use attachment if necessary)
V: Effective date, if other than t L) ive date is listed, the date must be prior to or 90 days after the	st be specific and cannot be more than f
OVIVED GLOSI A TUDE	5 vices
OUICED SIGNATURE: Mighature of a member or an	authorized representative of a member.
Vignature of a member or an accordance with section 60 of this document constitutes an	authorized representative of a member. 08.408(3), Florida Statutes, the execution affirmation under the penalties of perjury stated herein are true.)
In accordance with section 60 of this document constitutes an that the facts	08.408(3), Florida Statutes, the execution affirmation under the penalties of perjury stated herein are true.)
In accordance with section 60 of this document constitutes an that the facts	18.408(3), Florida Statutes, the execution affirmation under the penalties of perjury stated herein are true.)
Ignature of a member or an accordance with section 60 f this document constitutes an that the facts Ames Typed or p	18.408(3), Florida S affirmation under stated herein are to W. Sour rinted name of sign