# 101000120945

(Requestor's Name) —	
(Address)	7001126092
(Address)	1001120002
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	12/03/070107201
(Business Entity Name)	
(Document Number)	·
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	



277

\*\*150.00

Office Use Only

# **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: VIP CONSTRUCTION (Name of Resulting F)	J OF JAMPA, INC
The enclosed Certificate of Conversion, Articonvert an "Other Business Entity" into a "Faccordance with s. 608.439, F.S.	cles of Organization, and fees are submitted to lorida Limited Liability Company" in
Please return all correspondence concerning	this matter to:
ANTHONY ROMANO (Contact Person)	
VIP CONSTRUCTION	
(Firm/Company)  15937 N. FLORIDA A'  (Address)	VE
LUTZ, FL 33549 (City, State and Zip Code)	
For further information concerning this matter	er, please call:
Acres N/ Commence	at (813) 363-5915 (Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount	<b>:</b>
\$150.00 Filing Fees Status  \$155.00 Filing Fees and Certificate of Status  Status	\$180.00 Filing Fees and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P. O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee, FL 32301	, manusoo, i ii oso i i

### **Certificate of Conversion**

For

# "Other Business Entity"

Into

#### 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: VIP CONSTRUCTION OF TAMPA, INC					
(Enter Name of Other Business Entity)					
2. The "Other Business Entity" is a COY DOYO LON  (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 MAKH 16, 2004 (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:					
VIP CONSTRUCTION OF TAMPA, LLC					
(Enter Name of Florida Limited Liability Company)					

Page 1 of 2

PILED

17 DEC -3 PH 3: 3.

ECRETARY OF STATE

Sand Hood

3. 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; <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
Signature of Authorized Person:
Printed Name: ANTHONY Title: PRESIDENT ROMANO

# Fees:

Certificate of Conversion:

\$25.00

Fees for Florida Articles of Organization: Certified Copy:

\$125.00

Certificate of Status:

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

Page 2 of 2

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

The mailing address and street address of the principal office of the Limited

**Mailing Address:** 

**ARTICLE I - Name:** 

**ARTICLE II - Address:** 

**Principal Office Address:** 

Liability Company is:

LLC.")

The name of the Limited Liability Company is:

15937 N. F	LORIDA AVE	<b>E</b>	"SAME"
LUTZ, FL	33549		
	egistered Agent, Reg	istered Office	e, & Registered Agent's
Signature:			
individual or another	empany cannot serve as its over ctive Florida registration.)	vn Registered Age	nt. You must designate an
The name and the I	Florida street address	of the register	ed agent are:
	ANTHONY	ROMAI	NO
	15937 N. F	Name LORIDA	AVE.
	Florida street addres	s (P.O. Box <u>N</u>	OT acceptable)
	LUTZ	FL	33549
	Cit	y, State, and 2	Zip
above stated limit	ed liability company a	t the place des	t service of process for th ignated in this certificate and agree to act in this

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

# ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"MGRM" = Managing Member	11/2/00
11/6K	ANTHONY ROMA
	814 W. 131 st Ave Tamoa. FL 33612
· ·	
	(Use attachment if necessary)
LE V: Effective date, if other than the	date of filing:
NAL)	date of fining.

**REQUIRED SIGNATURE:** 

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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)

Page 2 of 2