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(Red	questor's Name)	
(Add	dress)	
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PICK-UP	MAIT	MAIL
(Bus	siness Entity Nam	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
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Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations	
	POVERINGS UC Florida Limited Company)
(Name of Resulting	Florida Livited Company)
The enclosed Certificate of Conversion, Arconvert 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 concernin	g this matter to:
Stephen Woods (Contact Person)	
/ (Contact Person)	
(Firm/Company)	
8714 North Obis 1 (Address) Tampa FL 33604 (City, State and Zip Code)	AVENUE
Taman FL 23/2014	1-1252
(City, State and Zip Code)	
For further information concerning this ma	tter, please call:
Stephen Woods	at (813) 610 3593
(Name of Contact Person)	(Area Code and Daytime Telephone Number)
Enclosed is a check for the following amou	ant:
\$\[\]\\$150.00 Filing Fees \text{\$\subseteq} \\$155.00 Filing Fees \text{and Certificate of Status} \] \$\[\]\\$125 for Articles \text{Status} \] of Organization	\$180.00 Filing Fees and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P. O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	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: Wood's Custom Painting, Inc (Enter Name of Other Business Entity)			
(Enter Name of Other Business Entity)			
2. The "Other Business Entity" is a <u>Corpora Gion</u> .			
(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 //- 36-07 (Enter date "Other Business Entity" was first organized, formed or incorporated)			
(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:			
(Enter Name of Florida Limited Liability Company)			
(Enter Name of Florida Limited Liability Company)			

Page 1 of 2

Fees:

\$25.00

\$125.00

Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: \$30.00 (Optional) \$5.00 (Optional)

Page 2 of 2

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 abbreviation "L.L.C.," or the designation
(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:
Principal Office Address: Mailing Address:
8714 North Obis Avenue 8714 North Obis Avenue Tampa Fi 33/00/-1252
160.17 4) 1 5 500-1 1755
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:
38EPhen Woods
8714 North DOIS AVENUE
Florida street address (P.O. Box NOT acceptable)
Tampa/ BI 3360V-1250

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..

1

Registered Agent's Signature (REQUIRED)

/City, State, and Zip

(CONTINUED)
Page 1 of 2

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

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRIVI — Ividilaging ivicinoci	Stephen Woods
	114 North Otis Avenu Tampe FL 33604-1
	140190 PV 321004 1
	(Use attachment if necessary)
	(,,
EV: Effective date, if other than the	date of filing:
IAL) ective date is listed, the date must	be specific and cannot be more than fiv
days prior to or 90 days after the d	
	_,
REQUIRED SIGNATURE:	
Stephen 6	wood
	thorized representative of a member.
(In accordance with section 608.	408(3), Florida Statutes, the execution
of this document constitutes an af	
that the facts st	ated herein are true.)
Stephen	ated herein are true.) Woods
Stephen	ated herein are true.)

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)