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TALLAHASSEE, FLORIDA

A. LUNT

JAN 18 2008

EXAMINER

108400004098

A1A Incorporation Services  
6901 Okeechobee Blvd., Unit J5  
West Palm Beach, FL 33411  
Phone 800.494.3124 Fax 305.675.2811  
Email inc@a1acorp.com

Date: January 14, 2008

To: FLORIDA DEPT. OF STATE-  
DIVISION OF CORPORATIONS

Ref: Certificate of Conversion for Affordable Shuttle, Inc.

Enclosed is the filing fee for \$150.00 and the signed certificate of conversion and articles of organization for Affordable Shuttle, Inc. Please call 800.494.3124 with any questions.

Please mail the completed filing to:  
A1A Incorporation Services  
Attn: Tina Maki  
6901 Okeechobee Blvd., Unit J5  
West Palm Beach, FL 33411

Best Regards,  
Tina  
A1A Incorporation Services

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**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:

**AFFORDABLE SHUTTLE, INC.**

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a **Corporation**

(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 **06/24/1996**

(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**:

**AFFORDABLE SHUTTLE, LLC**

(Enter Name of Florida Limited Liability Company)

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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 10TH day of JANUARY 2008.

Signature of Authorized Person: Kenneth A. Shamon

Printed Name: SHAMON, KENNETH A Title: DIRECTOR

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**AFFORDABLE SHUTTLE, LLC.**

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

**ARTICLE II - Address:**

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

**Principal Office Address:**

1517 NW LAKE POINT  
STUART FL 34994

**Mailing Address:**

1517 NW LAKE POINT  
STUART FL 34994

**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:

SHAMON, KENNETH A

1517 N.W. LAKE PT

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

STUART FL 34994

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..*

Kenneth A. Shamon  
Registered Agent's Signature (REQUIRED)

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

SHAMON, KENNETH A

1517 N.W. LAKE PT.

STUART FL 34994

MGRM

SHAMON, VALERIE

1517 N.W. LAKE PT.

STUART FL 34994

(Use attachment if necessary)

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**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_

(OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

SHAMON, KENNETH A

Typed or printed name of signee