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(Re	equestor's Name)
(Ac	ddress)
(Ác	ddress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bı	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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Office Use Only



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01/23/08--01004--001 **25.00

01/23/08--01004--002 **125.00

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EXAMINER

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COVER LETTER

COVER LETTER
TO: Registration Section Division of Corporations SUBJECT: MATTHEW A KENWEDY FRAMING (Name of Resulting Florida Limited Company)
The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.
Please return all correspondence concerning this matter to:
MATTHEW A KENNEDY (Contact Person)
(Firm/Company) 18989 NE ROCKY LN (Address) BRISTOL FL 32321 (City, State and Zip Code)
For further information concerning this matter, please call: MATTHEW AKEN NEDY at (850) 643-421 (Name of Contact Person) (Area Code and Daytime Telephone Number) Enclosed is a check for the following amount:
\$150.00 Filing Fees \$155.00 Filing Fees \$180.00 Filing Fees \$185.00 Filing Fees, (\$25 for Conversion & and Certificate of & and Certified Copy & Certified Copy, and & \$125 for Articles & Status & 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 infinediately prior to the fining of this
Certificate of Conversion is: MATTHEW A KENNEDY FRAMNO
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a SOVE PROPRIETORSHIP (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
on 9903 (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: KEWNEDY FRAMINIO OF SAMO RINGE, 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.)
Signed this 22 day of JANWARY 20 08
Signature of Authorized Person: Matheu Lemes
Printed Name: MATHEWAKENWEDYTitle: MGRM

Fees:

Certificate of Conversion: \$25.00

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: \$125.00

\$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 abbreviation "L.L.C.," or the designation "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

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:

18989 NE ROCKYLN BRISTOLFL 32321

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

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..

> EMYKENNEDA Registered Agent's Signature (REQUIRED)

(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: "MGR" = Manager "MGRM" = Managing Member MATTHEW A KENNEY 137.89 JE ROCKY (W. D.R.) S. TOL. FL. (Use attachment if necessary) 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 of 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.)

MATTHEW A KENNEDY

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)