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(F	Requestor's Name)	
(A	ddress)	, .
(A	Address)	,
(C	City/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Nar	me)
(0	Ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	o Filing Officer:	
		,

Office Use Only



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DB FEB 25 PH 3: 52 SECRETARY OF STATE SECRETARY OF STATE

Thomas FEB 26 100

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TIP TOP SHOE SERV (Name of Resulting Flor	ICE, LLC ida Limited Company)
The enclosed Certificate of Conversion, Article convert an "Other Business Entity" into a "Flor accordance with s. 608.439, F.S.	
Please return all correspondence concerning the	is matter to:
Maria M. Kalapati	
(Contact Person)	
JMJ Services, Inc.	
(Firm/Company)	
14580 S.Tamiami Trail # D	B FEE
(Address)	五世 2
North Port, FL 34287	SSE SSE
(City, State and Zip Code)	————
	ည်း သ
For further information concerning this matter,	Please call:
Maria M.Kalapati at	(941) 423-0834
(Name of Contact Person)	(Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount:	
	\$180.00 Filing Fees d Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Tallahassee, FL 32301

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: TIP TOP SHOE SERVICE, INC. (Enter Name of Other Business Entity)
TIP TOP SHOE SERVICE, INC.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>corporation</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)
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 July 15th, 2002 (Enter date "Other Business Entity" was first organized, formed or incorporated) 23. 15th initializing of the "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:
N/A
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
TIP TOP SHOE SERVICE, LLC
(Enter Name of Florida Limited Liability Company)

5. If not effective on the date of filing, enter the effective date: 02/25/2008 (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 19th day of February 2008
Signature of Authorized Person: Simular Cinfer
Printed Name: Simon Cointer Title: PTD
OS FEB 25 PH

\$25.00

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

Page 2 of 2

Certificate of Conversion:

Certified Copy:

Certificate of Status:

Fees for Florida Articles of Organization:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TIP TOP SHOE SERVICE, 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:

Mailing Address:

2357 S.Tamiami Trail Venice, FL 34293 2357 S.Tamiami Trail
Venice, FL 34293

ARTICLE III - Registered Agent, Registered Office, & Registered Agent 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:

Simon Ginter Name 128 Ortiz Blvd.

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

North Port FL 34287

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.,

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

-ro 25 PH 3

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		
MGRM	Simon Ginter	
	128 Ortiz Blvd.	
	North Port, FL 34287	
-		
		
		
		
	(Use attachment if necessary)	
TIONAL)	THE R	FILED
Succor	Ointell 152	ŧ
Signature of a member or an aut	horized representative of a member.	
of this document constitutes an aff	108(3), Florida Statutes, the execution firmation under the penalties of perjury ted herein are true.)	
Simon Ginter		
	ted name of signee	
	ed name of signee	

of Registered Agent

- \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)