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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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Certified Copies Certificates of Status		
Certified copies Certificates of Status		
Special Instructions to Filing Officer:		
L. SELLERS		
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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FINNE DESIGN GROW (Name of Resulting Florida Lin	PLL.C.
(Name of Resulting Florida Lin	nited Company)
The enclosed Certificate of Conversion, Articles of Convert an "Other Business Entity" into a "Florida Laccordance with s. 608.439, F.S.	
Please return all correspondence concerning this man	ter to:
SUGAN FINNIE LEI	
(Contact Person)	
SUBAN FINNE LET (Contact Person) FINNE Design Group (Firm/Company)	
6993 Sylvan Woods Drive (Address) Sanford FL 32771 (City, State and Zip Code)	
Sanford, FL 32771	
(City, State and Zip Code)	
For further information concerning this matter, pleas	
SUSAN F. Lt at (4	ea Code and Daytime Telephone Number)
(Name of Contact Person) (Ai	ea Code and Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$155.00 Filing Fees \$155.00 Filing Fees \$180.00 Filing Fees \$180.00 Filing Fees \$180.00 Filing Fees \$25 for Conversion \$25 for Conversion \$25 for Articles \$3155.00 Filing Fees \$3180.00 Filing Fees \$	0 Filing Fees fied Copy Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
•	Registration Section
•	Division of Corporations P. O. Box 6327
Clifton Building	r. O. DOX 0321

2661 Executive Center Circle

Tallahassee, FL 32301

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 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: FINNE DESIGN GIORD - FICTITIONS Na WE (Enter Name of Other Business Entity)			
(Enter Name of Other Business Entity)			
2. The "Other Business Entity" is a Sole prop-ficttous Na We. (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			
(Enter state, or if a non-U.S. entity, the name of the country)			
on			
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:			
FINNIE DESIGN GROUP L.L.C.			
(Enter Name of Florida Limited Liability Company)			

Page 1 of 2

(The ef docume effective	of effective on the date of filing, enter the effective date: fective date: 1) cannot be prior to nor more than 90 days after the date this ent is filed by the Florida Department of State; AND 2) must be the same as the date listed in the attached Articles of Organization, if an effective date is herein.)
Signed	this <u>15</u> day of <u>Marchi</u> 20 <u>08</u> .
_	are of Authorized Person:
Printed	Name: <u>Susan Finnie Lei</u> Title: <u>Owner</u>
_	
Fees:	
[Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: \$25.00 \$125.00 \$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:

Finnie Design Group LLC.
(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:
Gangord Pl 3277 Santon Pl 3277
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:
Susan Finne Lei Name G993 Sylvan Woods DV 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.

Registered (gent's Signature (REQUIRED)

City, State, and Zip

(CONTINUED)
Page 1 of 2

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To throw Company Const.

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
MGR	SUSAN FINNIE LE			
	(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				
ousiness 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.)				
SUGAN FINNE LEI Typed or printed name of signee				
Filing Fees:	2000 TAL			

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)