# 10800031700

(Requestor's Name)
(Address)
(Address)
(Address)
,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
•
(Business Entity Name)
·
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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SECRETARY OF STATE
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MAR 28 2008

### **COVER LETTER**

TO:	Registration S Division of C				
SUBJ	ECT: Conce	ptual Products, L	.L.C.		_ •
		(Name of Resulting	Florida Limited Company	)	
conve		isiness Entity" into a "	ticles of Organization, Florida Limited Liabil	and fees are submitted ity Company" in	to
Please	return all corre	espondence concerning	g this matter to:		
John .	l. Owshanik			e.	08
		(Contact Person)			08 MAR 27
		(Firm/Company)			PSSS 1
766 PI	antation Ct.				Fig.
		(Address)			TOSE STR
Marco	Island, FL 3414	5			
		City, State and Zip Code)			
For fu	rther information	on concerning this ma	tter, please call:		
John J	. Owshanik			-6450	•
	(Name of Conta	ct Person)	(Area Code and Da	aytime Telephone Number)	
Enclos	sed is a check for	or the following amou	nt:		
(\$25 for & \$125	0.00 Filing Fees Conversion for Articles nization)	☑\$155.00 Filing Fees and Certificate of Status	\$180.00 Filing Fees and Certified Copy	□\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
Regist Division Cliftor	ET ADDRESS ration Section on of Corporation Building Executive Center	ions	MAILING A Registration ( Division of C P. O. Box 63: Tallahassee.	Section Corporations 27	

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: VOH 98395
(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)
. 6/29/04
(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:
Conceptual Products, L.L.C.
(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 25th day of March 20 08	
Signature of Authorized Person:	きて

## Fees:

Certificate of Conversion: \$25.00

Fees for Florida Articles of Organization: \$125.00

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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Comp	pany is:
Conceptual Products, L.L.C. (Must end with the words "Limited Liability Compan" LLC.")	y," the abbreviation "L.L.C.," or the designation
ARTICLE II - Address: The mailing address and street address of Liability Company is:	of the principal office of the Limited
Principal Office Address:	Mailing Address:
766 Plantation Ct. Marco Island, FL 34145	766 Plantation Ct.  Marco Island, FL 34145
ARTICLE III - Registered Agent, Registere: (The Limited Liability Company cannot serve as its of individual or another business entity with an active Florida registration.)  The name and the Florida street address	own Registered Agent. You must designate an
John J. Owshanik	
766 Plantation Ct.	Name
· · · · · · · · · · · · · · · · · · ·	ss (P.O. Box <u>NOT</u> acceptable)
Marco Island	FL 34145
Ci	ty, State, and Zip
above stated limited liability company a hereby accept the appointment as re capacity. I further agree to comply wit	nt and to accept service of process for the nt the place designated in this certificate, I rgistered agent and agree to act in this h the provisions of all statutes relating to 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)

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

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

(Use  Effective date, if other than the date of file  e date: 1) cannot be prior to nor more filed by the Florida Department of Stat date listed in the attached Certificate therein.)  UIRED SIGNATURE:  In accordance with section 608.408(3), Florithis document constitutes an affirmation that the facts stated herein	J. Owshanik lantation Ct o Island, FL 34145
John 766  Marc  (Use  Effective date, if other than the date of file e date: 1) cannot be prior to nor more filed by the Florida Department of Stat date listed in the attached Certificate therein.)  UIRED SIGNATURE:  In accordance with section 608.408(3), Flor this document constitutes an affirmation that the facts stated herein	lantation Ct
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n accordance with section 608.408(3), Florithis document constitutes an affirmation that the facts stated herein	of Conversion, if an effect
n accordance with section 608.408(3), Florithis document constitutes an affirmation that the facts stated herein	
this document constitutes an affirmation that the facts stated herein	epresentative of a member.
	nder the penalties of perjury
hn J. Owshanik	
Typed or printed name	f signee
Filing Fees:	
25.00 Filing Fee for Articles of Organiz	
of Registered Agent 30.00 Certified Copy (Optional)	tion and Designation

\$ 5.00 Certificate of Status (Optional)