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(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

Office Use Only



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T. HAMPTON

APR - 1 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LEA CAPITAL LLC (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:
DAVID A. LEA (Contact Person) LEA CAPITAL LLC (Firm/Company) 432 OS PREV POINT (Address) Poute Uegra Beach, FL 32082 (City, State and Zip Code) For further information concerning this matter, please call: DAVID LEA at 904 373-0152 (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 and Certified Copy and Certificate of Status (\$25 for Articles of Organization)
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 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:
LEA CAPITAL HC
(Enter Name of Other Business Entity) 2. The "Other Business Entity" Isa Limited Liability Company
2 The "Other Rusiness Entiry" by Line; to D. L. ability Company
2. The "Other Business Entity" is a
(Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)
<u> </u>
first organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
F-11- 1990
on 5-4-1998 (Enter date "Other Business Entity" was first organized, formed or incorporated)
(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:
-
Lea Capital LLC (Enter Name of Florida Limited Liability Company)
(Enter Name of Florida Limited Liability Company)
2 Lugar
THE COUNTRY V FIRS FROMPAL TAX REPORTED
As A DANTHERSHIP.
The Company Files FODERAL TAX Returns As A PARTNERShip. Page 1 of 2 Page 1 of 2 Page 1 of 2

document is filed by the Florida Departs	ter the effective date: to nor more than 90 days after the date this ment of State; AND 2) must be the same as the cles of Organization, if an effective date is
Signed this 76 day of MAR	crt 20 0 8.
Signature of Authorized Person:	reent A Oga
Printed Name: DAVID A. LE	4 Title: MANAquy Member
Fees:	
Certificate of Conversion:	\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Fees for Florida Articles of Organization:

Certified Copy: Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
LEA CAPITOL, LLC
(Must end with the works "Limited Lightlity Company" the abbreviation "L.L.C." or the designation

ARTICLE II - Address:

"ELC.")

ARTICLE I - Name:

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

Principal Office Address:	Mailing Address:
432 OSPREY POINT	SAME
PONTE VEDRA BEACH FIORIDA 32082	
FIOR DA 32082	

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:

Name

Name

Point

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

Ponte Veora Benefil 32012
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

<u>[itle:</u> MGR" = Manager MGRM" = Managing Member	Name and Address:
Marn	PAUID A. LEA 432 OSPRY POINT PONTE VEDRA BENGIF
16em	MANCY D. LEA 432 OSPREY POINT Ponte VEDRO BEACH, FL
F.V. Effective data if other than	(Use attachment if necessary)
ective date: 1) cannot be prior (at is filed by the Florida Depart tive date listed in the attached	•
ective date: 1) cannot be prior on the is filed by the Florida Depart etive date listed in the attached sted therein.) REQUIRED SIGNATURE:	the date of filing: (OPTIONAL) to nor more than 90 days after the date this ment of State; AND 2) must be the same as
nt is filed by the Florida Depart ctive date listed in the attached sted therein.) REOUIRED SIGNATURE: Signature of a member or an (In accordance with section 60 of this document constitutes an	the date of filing: (OPTIONAL) to nor more than 90 days after the date this ment of State; AND 2) must be the same as difficate of Conversion, if an effective

\$125.00 Filing Fee for Articles of Organization and Designation

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