# L08000036778

(Requestor's Name)
(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:
A. LUNT
APR 11 2008
EXAMINER

Office Use Only



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2008 APR 10 A 10: 11
SECRETARY OF STATE

FILED

# **COVER LETTER**

TO:	Registration Se Division of Cor							
SUBJI	ECT:		erprises LL(					
		(Name of Resulting	g Florida Limited C	ompany	<b>'</b> )			
conver		te of Conversion, A ness Entity" into a .439, F.S.					tted to	
Please	return all corres	pondence concernir	ng this matter to	•				
	Jo	hn A. Tucker						
(Contact Person)				200				
STSG Enterprises				æ ≥≥	-			
(Firm/Company)				r.				
STSG Enterprises  (Firm/Company)  2420 Amberjack Ct.  (Address)  Navarre, Florida 32566				0	ר ר כ			
	(Address)				$\triangleright$	ָ ר		
	Nav	arre, Florida 3	2566			SZ	$\Box$	
	(Cit	y, State and Zip Code)				DE AGI	<del>-</del>	
For fur	ther information	concerning this ma	atter, please call	:				
John A. Tucker		_at (_850	<sub>)</sub> 58	2-4593				
	(Name of Contact	Person)		le and D	aytime Teleph	one Numl	oer)	
Enclos	ed is a check for	the following amo	unt:					
(\$25 for	Conversion a for Articles S	\$155.00 Filing Fees and Certificate of status	\$180.00 Filin and Certified Co		\$185.00 I Certified Co Certificate of	opy, and	s,	
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle		Regis Divis P. O.	tration ion of 0 Box 63	ADDRESS: Section Corporations 327 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:	
STSG Enterprises	
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a Sole 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 Florida	
(Enter state, or if a non-U.S. entity, the name of the country)	
on_3/16/2008	,
(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 and the state of	
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country.	1
under the laws of which it is now organized, formed or incorporated:	
Florida Florida	Ш
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:	D
STSG Enterprises LLC	
(Enter Name of Florida Limited Liability Company)	

5. If not effective on the date of filing, enter the ef (The effective date: 1) cannot be prior to nor medocument is filed by the Florida Department of effective date listed in the attached Articles of O listed therein.)	ore than 90 days afte State; <u>AND</u> 2) must b	e the same as t	he
Signed this day of	_ 20		
Signature of Authorized Person:  Printed Name: John A. Tucker  Title	: Owner		-
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)	-2008 APR 10 A 10: SECRETARY OF STATE TALLAHASSEE, FLORIE	FILED

Page 2 of 2

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name	:
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The name of the Limited Liability Company is:

# STSG Enterprises 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 A	<u>ddress:</u>	Mailing Addre	ss:		
2420 Amberjack Ct.		2420 Amberjack Ct.			
Navarre, Florida 32566		Navarre, Florida 32	566		
Signature: (The Limited Liability Coindividual or another business entity with an a	egistered Agent, Registered ompany cannot serve as its own Registe active Florida registration.) Florida street address of the re John A. Tucker	ered Agent. You must o	SEERETAR ALLAHASS	) (2)	FILED
	2420 Amberjack Ct.		ATEA	=	
	Florida street address (P.O.	Box NOT accept	able)		
	Navarre, Florida 32566	FL			
	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

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	Name and Address:
MERM HGRH	John A. Tucker 2420 Amberjack Ct. Navarre, Florida 32566
·	SECRETARY OF STATE  (Use attachment if necessary)
· /	be specific and cannot be more than five late of filing.)
of this document constitutes an af	408(3), Florida Statutes, the execution firmation under the penalties of perjury ated herein are true.)
John A. Tucker  Typed or prin	nted name of signee
Filing Fees:	of Organization and Designation

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