

(Requestor's Name)		
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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		
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G. MCLEOD

APR 17 2008

EXAMINER

COVER LETTER

Division of Corporation			
SUBJECT: Met	Sys. LL	Florida Limited Company)	
The enclosed Certificate of convert an "Other Business accordance with s. 608.439,	Entity" into a "		
Please return all correspond	ence concerning	g this matter to:	
Daniel J. (Cont	act Person)		
Gou Fernwas J (A West Mello (City, State	Address) and Zip Code)	<u> 37904</u>	
	merelA	_at (32 / _) & (Area Code and Day	ytime Telephone Number)
-	ollowing amour 5.00 Filing Fees rtificate of	□\$180.00 Filing Fees and Certified Copy	\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circl	e	MAILING A Registration S Division of Co P. O. Box 632 Tallahassee, F	Section orporations 27

Tallahassee, FL 32301

For "Other Business Entity"

Certificate of Conversion

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: Daniel J. Carreira W. Joanetsys						
(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.)	2	DIVIS				
first organized, formed or incorporated under the laws of Florida	08 APR	SIOR				
(Enter state, or if a non-U.S. entity, the name of the country)	يخ ا					
on $\frac{G/II/O2}{IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII$	7	50 1845				
(Enter date "Other Business Entity" was first organized, formed or incorporated)	PM 4:	RPON				
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:		STATE				
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:						
Metsys LLC						
(Enter Name of Florida Limited Liability Company)						

The second second	(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
X.	listed therein.)
•	Signed this 3 day of $Apr: 1$ 20 08.
	Signature of Authorized Person: Concellation (March)
1.00	Printed Name: Daniel J. Carre! Title:

Fees:

Certificate of Conversion:

\$25.00

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

\$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC.")

The mailing address and street address of the principal office of the Limited

ARTICLE 1 - Name:

ARTICLE II - Address:

Liability Company is:

The name of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
Goofern wood Dr. W. Mel hourne FC 33904	600 Fernwood Dr. W. Melhourne FC 33904
ARTICLE III - Registered Agent, Registered Signature: (The Limited Liability Company cannot serve as its own Registe individual or another business entity with an active Florida registration.)	
The name and the Florida street address of the result in the Name Lou Fernwood Reflorida street address (P.O. Wat Melbourne City, State	Carreira HI Dr Box NOT acceptable) FL 32504
Having been named as registered agent and to above stated limited liability company at the plan hereby accept the appointment as registered capacity. I further agree to comply with the prothe proper and complete performance of my duaccept the obligations of my position as registered for the complete for the complete formula accept the obligations of my position as registered for the complete fo	ce designated in this certificate, in agent and agree to act in this ovisions of all statutes relating to uties, and I am familiar with and attered agent as provided for in

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
MGRM - Managing Member	Daniel J. Carreira H. Gov Fernward Dr. West Mel bourne Fl 32904			
· ————————————————————————————————————				
	·			
	(Use attachment if necessary)			
ARTICLE V: Effective date, if other than the arthur the effective date: 1) cannot be prior to no locument is filed by the Florida Department he effective date listed in the attached Celate is listed therein.)	(OPTIONAL) or more than 90 days after the date this at of State; AND 2) must be the same as			
REQUIRED SIGNATURE: Complete Signature of a member or an authorized signature.	horized 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.) Typed or printed name of signee				
Piling Page				

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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