# L08000040102

(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:  TIM WAVEM GAVE  AUTION  DATE  4122108  DOC. EVA

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SECRETARY OF STATE

## **COVER LETTER**

TO:	_					
SUBJ		SL	EE	K		LC
	<del></del> .	(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:						
Jennifer L. WARREN						
SIECK LLC						
(Firm/Company)						
Cl	earw,	Ater	FIA	. <u>3</u> 37	56	
For fu	ırther informati	on concerning	g this mat	ter, please ca	11:	
Jennifer L. Warren 727 729-7756  (Name of Contact Person) (Area Code and Daytime Telephone Number)						
Enclosed is a check for the following amount:						
(\$25 fo & \$125	or Conversion  of for Articles					□\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Regis Divisi Clifto 2661	tration Section ion of Corporat n Building Executive Cent	ions		Reg Div P. C	istration ision of C Box 63	Section Corporations 27
	For fue Enclo  Enclo  \$15 (\$25 fo & \$125 of Organistic Clifto 2661	Division of Control of Convert an "Other Busice ordance with s. 60 Please return all corrections of Control of	Division of Corporations  SUBJECT:  (Name of Convertant of Contact Person of Con	Division of Corporations  SUBJECT:    SLEE     (Name of Resulting)	Division of Corporations  SUBJECT: SLEK  (Name of Resulting Florida Limited The enclosed Certificate of Conversion, Articles of Orga convert an "Other Business Entity" into a "Florida Limita accordance with s. 608.439, F.S.  Please return all correspondence concerning this matter to the conversion of Corporations Clifton Building Code)  (Name of Corporations Conversion & SISSE & Company)  (Name of Corporations Clifton Building Code)  (Name of Corporations Conversion & Reg Code)  MACHARITATION CONVERSE: MACHARITATION CONVERSE CON	Division of Corporations  SUBJECT:  SLEK  (Name of Resulting Florida Limited Company)  The enclosed Certificate of Conversion, Articles of Organization, convert an "Other Business Entity" into a "Florida Limited Liabil accordance with s. 608.439, F.S.  Please return all correspondence concerning this matter to:  TENNIFER L. WARREN  (Contact Person)  SIECK LLC  (Firm/Company)  THA FMONY DF. N.  (Address)  Clearwater Fla. 33756  (City, State and Zip Code)  For further information concerning this matter, please call:  JENNIFER L. WARREN 727  (Name of Contact Person)  (Area Code and Division of Corporations  Status  of Organization)  STREET ADDRESS:  Registration Section  Division of Corporations  Clifton Building  P. O. Box 63  Tallahassee,

# FILED

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Certificate of Conversion
For
"Other Business Entity"

SECRETARY OF STATE TALLAHASSEE FLORIDA

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: SLEEK COSP PO6-141.45						
(Enter Name of Other Business Entity)						
2. The "Other Business Entity" is a						
first organized, formed or incorporated under the laws of FIA. USA  (Enter state, or if a non-U.S. entity, the name of the country)						
on NOV 20 <sup>+</sup> 2006 (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:						
Sleek LLC						
(Enter Name of Florida Limited Liability Company)						

5. If not effective on the date of filing, enter the effect (The effective date: 1) cannot be prior to nor more document is filed by the Florida Department of Sta effective date listed in the attached Articles of Organisted therein.)	e than 90 days after the date this ate; <u>AND</u> 2) must be the same as the
Signed this 15th day of APril 2	20 <u>08</u> .
Signature of Authorized Person: Jennyles Signature of Authorized Person: Jenny	J. Warren
Printed Name: LONNI FER L WARREN Title:	PRESIDENT
<u>Fees:</u>	
Fees for Florida Articles of Organization: \$ Certified Copy: \$	225.00 3125.00 330.00 (Optional) 55.00 (Optional)

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

**ARTICLE 1 - Name:** 

The name of the Limited Liability Company is:

SLEEK 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:
Clearwater Fl. 33756
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's  Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate a rindividual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:  JAMES D. WARREN  Name  Name  Florida street address (P.O. Box NOT acceptable)  Clearcy 10+60  TO 3375/
Clear WA+ER FL 33756 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

(CONTINUED)

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)

## 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	Name and Address:
"MGRM" = Managing Member	Jennifer L. WARREN 1791 HARMONY Dr. N. Clearwater Fla. 33756
ARTICLE V: Effective date, if other than the	(OPTIONAL)
The effective date: 1) cannot be prior to a locument is filed by the Florida Department he effective date listed in the attached Clate is listed therein.)	ent of State; AND 2) must be the same as
REQUIRED SIGNATURE:	
Signature of a member or an au	ithorized representative of a member.
of this document constitutes an at	408(3), Florida Statutes, the execution flirmation under the penalties of persurbated herein are true.)
JENNISER L. Typed or prin	WARREN TO BE TO THE TOTAL
Filing Fees:	D <sub>m</sub>

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)