L08000054513

(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:

Office Use Only



100129576001

05/23/08--01004--029 **185.00

2009 JUN -2 AM IO: 53
SECRETARY OF STATE
TALLAHASSEE.FLORIDA

T. CLINE

JUN - 2 2008

EXAMINER



May 27, 2008

GARY MARKINS P.O. BOX 174 MULBERRY, FL 33860

SUBJECT: MARKIN'S PAINTING L.L.C.

Ref. Number: W08000025890

We have received your document for MARKIN'S PAINTING L.L.C. and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must contain the name, form and jurisdiction of the other business entity.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 808A00033100

COVER LETTER

TO:

2661 Executive Center Circle

Tallahassee, FL 32301

Registration Section Division of Corporations

SUBJECT: Markins Pair	Hing LLC
(Name of Resulting P	Florida Limited Company)
The enclosed Certificate of Conversion, Articonvert an "Other Business Entity" into a "Faccordance with s. 608.439, F.S.	icles of Organization, and fees are submitted to Florida Limited Liability Company" in
Please return all correspondence concerning	this matter to:
Gary Markos (Contact Person) Markos Panto (Firm/Company) P.O. Roy (Address) (Address) (City, State and Zip Code)	33860
For further information concerning this matt	ter, please call:
Garymarkins	at 863 944 0860 = T
(Name of Contact Person) Enclosed is a check for the following amoun	ot:
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\$155.00 Filing Fees and Certificate of Status	S180.00 Filing Fees and Certified Copy Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P. O. Box 6327

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company," the albreviation "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:

Lakeland, FL 33809

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:

1933 Pidaemead

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

LAKELUNDER 33809

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 (REOUIRED)

(CONTINUED)

Page 1 of 2

2009 JUN -2 AH 10: 5

•	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Gary Markins
MGRM	Sonja Phillips
	er-15erry, Fla-338
	(Use attachment if necessary)
LE V: Effective date, if other th	an the date of filing:
fective date: 1) cannot be prior tis filed by the Florida Departive date listed in the attachlisted therein.)	·
fective date: 1) cannot be prio ent is filed by the Florida Depa ective date listed in the attach listed therein.)	(OPTIONAL) or to nor more than 90 days after the date this artment of State; AND 2) must be the same as
fective date: 1) cannot be prior to the filed by the Florida Departure date listed in the attack listed therein.) REQUIRED SIGNATURE.	(OPTIONAL) or to nor more than 90 days after the date this artment of State; AND 2) must be the same as ned Certificate of Conversion, if an effective
fective date: 1) cannot be prior that the factor of this document constitutes that the factor of this document constitutes that the factor is filled by the Florida Department of the attack listed in the attack listed therein.) REQUIRED SIGNATURE. Signature of a member	(OPTIONAL) or to nor more than 90 days after the date this artment of State; AND 2) must be the same as ned Certificate of Conversion, if an effective

4

Page 2 of 2

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

Filing Fees:

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