L08000060195

(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: Device Legrond GAVE AUTHORIZATION BY PHONE TO CORRECT ECTECTIVE DOLE DATE 9/19/108 DCC EXAM TH

Office Use Only



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T. HAMPTON

JUN 1 9 2008

EXAMINER

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: DAVID G. COMP	
(Name of Resulting	Florida Limited Company)
The enclosed Certificate of Conversion, Art convert an "Other Business Entity" into a "accordance with s. 608.439, F.S.	ticles of Organization, and fees are submitted to Florida Limited Liability Company" in
Please return all correspondence concerning	g this matter to:
DAVID Leonard (Contact Person)	
DAVID G. Leonard, (Firm/Company)	A.S. H.
DAVID G., Leonard, (Firm/Company) 595 N. Nova Rd., Sur (Address)	te 204
Ormand Beach, FL 3 (City, State and Zip Code)	12174
For further information concerning this mat	ter, please call:
DAVID Leonard	at (386) 673-2472+300
(Name of Contact Person)	at (366) 673 - 2477 + 303 (Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount	nt:
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\$155.00 Filing Fees and Certificate of Status	\$180.00 Filing Fees and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P. O. Box 6327
2661 Executive Center Circle	Tallahassee, 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: DAUID G. Lemand, A. S.A. (Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>sole proprietors hip</u> . (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 Forida (Enter state, or if a non-U.S. entity, the name of the country)
on March 1 - 1994 (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:
David G. Leonard, A.S.A., LLC (Enter Name of Florida Limited Liability Company)
(Enter Name of Florida Limited Liability Company)

5. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to nor more than 90 d	June 19, 2008
(The effective date: 1) cannot be prior to nor more than 90 days	ays 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, i	if an effective date is
listed therein.)	

Signed this 16 day of June 20 08

Signature of Authorized Person:

Printed Name: Davio G. Leonard Title: President

Fees:

Certificate of Conversion:

\$25.00

Fees for Florida Articles of Organization:

\$125.00

Certified Copy:

\$30.00 (Optional)

Certificate of Status:

\$5.00 (Optional)

SECRETARY OF STATE
TALLAHASSEE FLORINA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
DAUID G. Lemand, A.S.A (Must end with the words "Limited Liability Company," the abbumble.")	reviation "L.L.C.," or the design	gnation
ARTICLE II - Address: The mailing address and street address of the printing Liability Company is:	ncipal office of the Lin	nited
Principal Office Address:	Mailing Address:	
Ormand Beach, FL. 32174	_(SAMe)	
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 re	gistered agent are:	
DAVIO G. Leo	nand	-
Florida street address (P.O. I	Box NOT acceptable)	-
Ormand Beach, City, State,	FL 32174 and Zip	-
Having been named as registered agent and to a above stated limited liability company at the place 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 regis	ce designated in this cer agent and agree to act visions of all statutes ro ties, and I am familiar v tered agent as providea	rtificate, I in this elating to with and
Chapter 608, F.S		08 J
Registered Agent's Sign (CONTINUED)	nature (REQUIRED)	FILED JUN 18 ATT RETARY OF S AHASSEE, FL
Page 1 of 2		D MI

ARTICLE IV- Manager(s) or Managing Member(s):

Title: "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
MGRM	Davio Leonard
Mbrm	3 Aztec Tr. Ormand Beach, FL 3217 CARUL Leonard 3 Astec Tr. Ormand Beach, FL 32
	(Use attachment if necessary)
ffective date: 1) cannot be pr	than the date of filing: <u>June 19, 7008</u> . (OPTIONAL) ior to nor more than 90 days after the date this partment of State: AND 2) must be the same as
ffective date: 1) cannot be prinent is filed by the Florida Dep	(OPTIONAL)
ffective date: 1) cannot be prinent is filed by the Florida Deprective date listed in the attaction	(OPTIONAL) ior to nor more than 90 days after the date this partment of State; <u>AND</u> 2) must be the same as
ffective date: 1) cannot be prinent is filed by the Florida Deplective date listed in the attack listed therein.) REQUIRED SIGNATURE: Signature of a-member or	(OPTIONAL) ior to nor more than 90 days after the date this partment of State; AND 2) must be the same as ched Certificate of Conversion, if an effective an authorized representative of a member.
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ffective date: 1) cannot be priment is filed by the Florida Deplective date listed in the attack listed therein.) REQUIRED SIGNATURE: Signature of a-member or this document constitute that the interest of the state of the st	ior to nor more than 90 days after the date this partment of State; AND 2) must be the same as ched Certificate of Conversion, if an effective an authorized representative of a member. on 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury facts stated herein are true.)
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\$ 5.00 Certificate of Status (Optional)