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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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08 JUN 26 AM ID: 55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

JUN 2 7 2008

EXAMINER

COVER LETTER

TO:	Registration S Division of Co			
SUBJI	ест: <u>WW</u>		ting Florida Limited Com	
conver		siness Entity" into	, Articles of Organiza o a "Florida Limited L	tion, and fees are submitted to iability Company" in
Please	return all corre	espondence concer	rning this matter to:	
<u>w</u> ù	Man P	(Contact Person)	t Installat	ion, Lle
Vert	Dead (C	AU(Address) FL 3- City, State and Zip Co	2962 de)	
For fu	ther informatio	on concerning this	matter, please call:	
\mathcal{N}	(Name of Conta	ct Person)		778-4634 Ind Daytime Telephone Number)
Enclos	ed is a check for	or the following a	mount:	
(\$25 for & \$125	0.00 Filing Fees Conversion for Articles nization)	\$155.00 Filing Fo and Certificate of Status	ees \$\begin{aligned} \$180.00 Filing F and Certified Copy	
Regist Division Clifton 2661 E	ET ADDRESS ration Section on of Corporation Building Executive Centrassee, FL 3230	ions er Circle	Registra Division P. O. Bo	NG ADDRESS: tion Section of Corporations ox 6327 see, FL 32314

Certificate of Conversion

For

"Other Business Entity"

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:
William Perri Carpet Installation, Itil
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation.
(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
(Enter state, or if a non-o.s. entity, the name of the country)
on 174 (2007) (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:
Florida
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
William Perri Carpet Tustablation LLC (Enter Name of Florida Limited Liability Company)
(Enter Name of Florida Limited Liability Company)

JUN 26 AN IO

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 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 listed therein.)
Signed this ZZ day of June 2008.
Signature of Authorized Person: William Persi Title: Manager/Owner

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company," the "LLC.")	t Tustallation LLC le abbreviation "L.L.C.," or the designation
ARTICLE II - Address: The mailing address and street address of the Liability Company is:	e principal office of the Limited
Principal Office Address:	Mailing Address:
Vero Beach FL 32962	Uto 12th AVESU Vero Beach Fla 32962
ARTICLE III - Registered Agent, Registe Signature: (The Limited Liability Company cannot serve as its own Reindividual or another business entity with an active Florida registration.)	
The name and the Florida street address of the	ne registered agent are:
William Pe	rù
^ Ns	ime
Florida street address (P	.Ú. Box NOT acceptable)
	tate, and Zip
Having been named as registered agent and above stated limited liability company at the hereby accept the appointment as registe capacity. I further agree to comply with the the proper and complete performance of maccept the obligations of my position as recept the obligations of my position as recept the obligations.	e place designated in this certificate, I ered agent and agree to act in this e provisions of all statutes relating to by duties, and I am familiar with and registered agent as provided for in
fulle le	11. 6-72-05
Registered Agent's	Signature (REQUIRED)
(CONTINUED)	JUN CRETA LAHAS
Page 1 of 2	ARY OF STATI

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Mar	William Perri
<i>M</i>	1110 12th AVZ SW Vero
Mgcm	Kule Brainard 1110 12th Ave sw verob 32962
•	
· · · · · · · · · · · · · · · · · · ·	(OPTIONAL) nor more than 90 days after the date this
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