108000043380

(Requestor's Name)
(Address)
(riddless)
(Address)
•
(City/State/Zip/Phone #)
•
PICK-UP WAIT MAIL
(Business Entity Name)
· , , , ,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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THE JUN 27 PH 1:54
SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 17, 2008

P. WAYNE OR DEBORAH WILLIAMS 3213 MASTERS DRIVE CLEARWATER, FL 33761

SUBJECT: W2 LLC

Ref. Number: W08000029325

We have received your document for W2 LLC 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 name listed in both the Certificate of Conversion and Articles of Organization is not distinguishable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

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

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

Tammi Cline Regulatory Specialist II

Letter Number: 408A00036900

COVER LETTER

TO: Registration Section Division of Corporations	•			
SUBJECT: W2 LLC (Name of Resulting Florida Limited Company)				
The enclosed Certificate of Conversion, Acconvert an "Other Business Entity" into a accordance with s. 608.439, F.S.	rticles of Organization,	and fees are submitted to		
Please return all correspondence concerning	g this matter to:	·		
P. Wayne or Deborah Williams				
(Contact Person)				
W2 LLC				
(Firm/Company)				
3213 Masters Drive		to the state of th		
(Address)		The CO entr		
Otensials Florida 20704		수 등		
Clearwater, Florida 33761 (City, State and Zip Code)				
· (y,	,	S -		
For further information concerning this ma	atter, please call:	JUN 27 PM 1:54 CRETARY OF STATE LAHASSEE, FLORIB		
P. Wayne or Deborah Williams	^u · \/			
(Name of Contact Person)	(Area Code and Da	iytime Telephone Number)		
Enclosed is a check for the following amou	ant:			
\$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	☑\$185.00 Filing Fees, Certified Copy, and Certificate of Status		
STREET ADDRESS:	MAILING A			
Registration Section	Registration			
Division of Corporations Clifton Building	Division of Corporations P. O. Box 6327			
2661 Executive Center Circle	Tallahassee, FL 32314			

Tallahassee, FL 32301

7881 JIN 27 PM 1: 54

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.

 The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is: W2 LLC 	
(Enter Name of Other Business Entity)	•
2. The "Other Business Entity" is a Limited Liability Corporation	ارد.
(Enter entity type. Example: corporation, limited partnership, sole proprietorship,	. (2) (2)
general partnership, common law or business trust, etc.)	ادال
first organized, formed or incorporated under the laws of North Carolina	ر
(Enter state, or if a non-U.S. entity, the name of the country)	
on W2LLC	3
(Enter date "Other Business Entity" was first organized, formed or incorporated)	7
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:	
Established July 31, 2006 Filed August 14, 2006	
4. The name of the Florida Limited Liability Company as set forth in the attached	
Articles of Organization:	
WELLO WILLIAMS WZ LLC.	
(Enter Name of Florida Limited Liability Company)	

5. If not effective on the date of filing, enter the effective date: Date of this filing (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 this1	2 day of June		20_08	
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Ciamatuma of Av	uh a rigad Dansa m	UM		
Signature of At	uthorized Person:	7		
Printed Name:	P. Wayne Williams	/ Title:	Partner	

T	
HAAG	•

Certificate of Conversion: \$25.00 Fees for Florida Articles of Organization: \$125.00 Certified Copy: \$30.00 (Optional) Certificate of Status:

\$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 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:
P. Wayne or Deborah Williams 3213 Masters Drive Clearwater, Florida 33761 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:
The name and the Florida street address of the registered agent are:
P. Wayne Williams
Name Name
3213 Masters Drive Florida street address (P.O. Box NOT acceptable)
· · · · · · · · · · · · · · · · · · ·
Clearwater, 33761 FL
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)

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:

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	P. Wayne Williams
	3213 Masters Drive
	Clearwater, 33761
MGRM,	Deborah Williams
	3213 Masters Drive
	Clearwater, Florida 33761
	· · · · · · · · · · · · · · · · · · ·
•	
•	(Use attachment if necessary)
ARTICLE V: Effective date, if other than the da	to of Ciling
(The effective date: 1) cannot be prior to nor document is filed by the Florida Department of the effective date listed in the attached Cert	of State; AND 2) must be the same as
date is listed therein.)	1.00 mg
REQUIRED SIGNATURE:	
TX Medica ///	_
(/ Pall lec) V	
Signature of a member or an autho	rized representative of a member.
(In/accordance with section 608.408 of this document constitutes an affirm that the facts stated	nation under the penalties of perjury
P. Wayne Williams	
Typed or printed	name of signee
Filing Fees:	
\$125.00 Filing Fee for Articles of O of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optio	

Page 2 of 2