LD8000068949

(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:
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W080000A4807

Office Use Only



700129578107

05/16/08--01032--022 **185.00

08 JUL 17 PH 4: 01
SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 19, 2008

PHUONG TRAN 6249 NW 38 DRIVE CORAL SPRINGS, FL 33067

SUBJECT: WHY NOT NAILS L.L.C. Ref. Number: W08000024807

We have received your document for WHY NOT NAILS 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 converting Florida entity must be active on our records.

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

The total amount due to reinstate is \$516.25.

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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 008A00031704

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: WHY NOT NAILS L.L.C (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:
PHUONG TRAN (Contact Person)
WHY NOT NAILS L.L.C. (Firm/Company)
6249 NW 38 Drive 6242 (Address)
CORAL SPRINGS, F.L. 33067 (City, State and Zip Code)
For further information concerning this matter, please call:
PHUONG TRAN at (954) 263_6953 (Name of Contact Person) (Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount:
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$150.00 Filing Fees and Certified Copy \$180.00 Filing Fees and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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Certificate of Conversion For "Other Business Entity" Into

SECRETARY OF STATE TALLAHASSEE FLORIDA

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:
Certificate of Conversion is: PP WHY NOT NAILS CORP. PO5-12486 (Enter Name of Other Rusiness Entity)
(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.)
general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of FLORIDA - U.S.A.
(Enter state, or if a non-U.S. entity, the name of the country)
alalac
on91910 <u>5</u>
on 9/9/05 (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:
LIMITED WABILITY COMPANY.
4. The name of the Florida Limited Liability Company as set forth in the attached
Articles of Organization:
WHY NOT NAILS L.L.C.
(Enter Name of Florida Limited Liability Company)
(Enter Maine of Floring Limited Diabutty Company)

5. If not effective on the date of filing, enter the effective date: 1) cannot be prior to nor m document is filed by the Florida Department of effective date listed in the attached Articles of O listed therein.)	ore than 90 days after the date this State; <u>AND</u> 2) must be the same as the
Signed this May day of May	_20 <u>0\$</u>
Signature of Authorized Person:	pluon
Printed Name: PHUONG TRAM Title	: President ·
Fees:	
Certificate of Conversion:	\$25.00 \$125.00
Fees for Florida Articles of Organization: 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 Liabilit	y Company is:	
WHY NO	or Nair	CIIC
(Must end with the words "Limited Liability	U Company " the obl	herviction "LLC" or the decimation
"LLC.")	y Company, the abo	ofeviation L.L.C., of the designation
•		
ARTICLE II - Address:		
The mailing address and street ad	ddress of the pr	rincipal office of the Limited
Liability Company is:		
Principal Office Address:		Mailing Address:
	(~ ()	
1751 E. Commercia Fort Laudadale.	1 Blvd.	6242 NW 38 Drive
Fort Landadale		<u>Coral Springs</u>
F. L 33334		F.L, 33067
		norman ta la at-
ARTICLE III - Registered Age	nt, Registered	i Office, & Registered Agent's
Signature: (The Limited Liability Company cannot ser	ue or ite oum Peniet.	tered Agent Vou must decignate an
individual or another		tereu Agent. Tou must designate an
business entity with an active Florida regis	tration.)	
The name and the Florida street a	address of the r	remistered ament are:
The name and the Florida sireet a	iddiess of the fi	egistered agent are.
PHU	IONG -	TRAN
	Name	
6249		38 Drive
		Box NOT acceptable)
		<u></u> 4000pido:0)
CORAL	SPRINGS	FL 33067
	City, State	FL 33067 e, and Zip
	3,	•
Having been named as register	ed agent and to	accept service of process for the
above stated limited liability con	npany at the pla	ace designated in this certificate, I
hereby accept the appointme	ent as registered	d agent and agree to act in this
		ovisions of all statutes relating to
		uties, and I am familiar with and
accept the obligations of my	position as regi	istered agent as provided for in
	Chapter 608, F.:	<i>S</i>

(CONTINUED)

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:

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRO	CHI PHAM
NARY	3308 ORINDED LANE
	MARGATE, FL 33063

	/TT 1 C
	(Lise attachment if necessary)
effective date: 1) cannot be prior ((Use attachment if necessary) the date of filing: (OPTIONAL) to nor more than 90 days after the date this ment of State; AND 2) must be the same as
effective date: 1) cannot be prior t ment is filed by the Florida Depart	the date of filing: (OPTIONAL) to nor more than 90 days after the date this
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