208000078563

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

Office Use Only



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SECRE IARY OF STATE
TALLAHASSEE, FLORIO

D. BRUCE

AUG 18 2008

EXAMINER

COVER LETTER

TO: Registration Section

Tallahassee, FL 32301

Division of Corporations				
SUBJECT: SHARK SKIN (Name of Resulting I	CUSTOMS (1) Florida Limited Company)		_	
The enclosed Certificate of Conversion, Art convert an "Other Business Entity" into a "laccordance with s. 608.439, F.S.			to _.	
Please return all correspondence concerning	g this matter to:			
STEVE HENDRICKS (Contact Person)		SI TAI	2	
SHARK SKIN CUSTOMS (Firm/Company)	<u>uc</u>	LAH)	OS AUG	6 T. T.
1455 LORING STREET (Address)		ASSEE, F	F	Taken Sanga
Coco.A , FL . 32922 (City, State and Zip Code)		STATE FLORIDA	AM 9: 09	
For further information concerning this mat	ter, please call:			
STEVE HEUDLICKS (Name of Contact Person)	at (<u>321</u>) 41 (Area Code and Da	2. 3342 sytime 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	\$185.00 Filing Fees, Certified Copy, and Certificate of Status		
STREET ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING A Registration S Division of C P. O. Box 632	Section Corporations		
2661 Executive Center Circle	Tallahassee, l			

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:	/// -	, A A
SHARK SKIN CUSTOMS GIRSON	כט	U()
(Enter Name of Other Business Entity)		
2. The "Other Business Entity" is a <u>SOLE PROPRIETOR SHIP</u> . (Enter entity type. Example: corporation, limited partnership, sole proprietorship general partnership, common law or business trust, etc.)	١,	
first organized, formed or incorporated under the laws of FLORIDA (Enter state, or if a non-U.S. entity, the name of the country)	-	
on	HW 11 SNY 80	
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:	9: 09	The state of the s
SHARKSKIN CUSTOMS LLC		
(Enter Name of Florida Limited Lighility Company)		

5. If not effective on the date of filing, enter the ef (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 State; <u>AND</u> 2) must be the	same as the
Signed this ELEVELTHAY of AUGUST	20_68	
Signature of Authorized Person: Josephine	e P. Sancha Hend	uclas
Printed Name: OSEPHINE P Title SANCHO HENDRICKE		
Fees:		
Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	08 3E TALL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

. . . .

SHARK (Must end with the wor "LLC.")	SKIN CUSTOMS ds "Limited Liability Company," t	the abbreviation "L.L.C.," or the designation	1
ARTICLE II - A The mailing addre Liability Compan	ess and street address of th	he principal office of the Limited	·
Principal Office	Address:	Mailing Address:	
COCEA 1	NG STILEET =L, 32922	SAHE	
Signature:		tered Office, & Registered Ager Registered Agent. You must designate an	ıt's
	active Florida registration.)	TAL	38 80
The name and the	Florida street address of	the registered agent are:	AUG
	RICHARD STE	Name HENDRICKS SEE	
	1H5S LORIUG 5 Florida street address ((P.O. Box NOT acceptable)	्र युष्
		FL 32922 State, and Zip	9: 09 STATE
	City,	State, and Zip	
above stated lim. hereby accep capacity. I furti the proper and	ited liability company at the appointment as regis her agree to comply with the complete performance of the digations of my position as		ate, I is ig to and
	Registered Agent	's Signature (REQUIRED)	

Page 1 of 2

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):The name and address of each Manager or Managing Member is as follows:

<u>Fitle:</u> 'MGR" = Manager	Name and Address:
MGRM" = Managing Member	
HGR	RICHARD STEPHEN HENDE
	1455 LORING STREET
	COCOA : FL. 32922
MGRM	JOSEPHINEP SANCH - HEND
	1455 LORING STREET
	COCOA, FL, 32922
<u></u>	
	
LE V: Effective date, if other than the	(OPTIONAL)
ective date: 1) cannot be prior to nt is filed by the Florida Departm	ne date of filing:
ective date: 1) cannot be prior to nt is filed by the Florida Departme ctive date listed in the attached (sted therein.)	(OPTIONAL) nor more than 90 days after the date this ent of State; AND 2) must be the same as
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of Registered Agent

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