L08000084939

(Requestor's Name)
•
(Address)
(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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Office Use Only



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SECRETARY OF STATE
TALLAHASSEF FLORINA

T. HAMPTON

SEP - 8 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Sunrise Plastics, LLC (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:
James N. Brown, Esq.
James N. Brown, Esq. (Contact Person) James N. Brown, RA. (Firm/Company)
Up Al Aliva ALE:
(Address) West palm Beach FL, 33401 (City, State and Zip Code)
For further information concerning this matter, please call:
Tames BYWW at (561) 838-9595 (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) \$155.00 Filing Fees and Certificate of \$180.00 Filing Fees and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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.

usiness Entity" immediately prior to the filing of this
Survise Plastics, Inc.
ter Name of Other Business Entity)
y" is a le: corporation, limited partnership, sole proprietorship, nership, common law or business trust, etc.)
orporated under the laws of Flovida if a non-U.S. entity, the name of the country)
ess Entity" was first organized, formed or incorporated)
Other Business Entity" was changed, the state or country now organized, formed or incorporated:
\
imited Liability Company as set forth in the attached
Plastics, LLC
ne of Florida Limited Liability Company)
of filing, enter the effective date: ot be prior to nor more than 90 days after the date this rida Department of State; AND 2) must be the same as the trached Articles of Organization, if an effective date is

Signed this 22md day of Aug	20 <i>(</i>)\{
Signature of Member or Authorized Represent	ative of Limited Liability Company:
Signature of Member or Authorized Representative Printed Name: Jil M. BROWN	e: Jiel m. Brown Title:
Signature(s) on behalf of Other Business Entity:	•
Signature: Jill M. Brown Printed Name: Jill M. Brown	
Printed Name: Jill M. Brown	Title: Oves.
Signature: James N. Brown Signature:	Title: V. Pres
Signature: Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	Officer.
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Certificate of Conversion: Fees for Florida Articles of Organization: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

om Mb AND	_	Limited Liability Company is	
(Must end with the words "Limited Liability Company." the abbreviation "L.L.C.," or the designation "LL.C.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: 35 Worth Ct. North Same As West falm Blach FL Puncipal Office, & Registered Agent 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: James N. Brown, P. A.		Junvise Plastics,	LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: 135 Worth Ct. North Same As West falm Blach FL Jinn Clad office 33405 ARTICLE III - Registered Agent, Registered Office, & Registered Agent 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: James N. Brown P. A.		ords "Limited Liability Company," the a	bbreviation "L.L.C.," or the designation
ARTICLE III - Registered Agent, Registered Office, & Registered Agent 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: Jamus N. Brown, P.A.	The mailing add	ress and street address of the p	orincipal office of the Limited
ARTICLE III - Registered Agent, Registered Office, & Registered Agent' 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: James N. Brown, P.A.	Principal Office	e Address:	Mailing Address:
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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: James N. Brown, P.A.	west pa	lm Blach, FL	principal office
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: James N. Brown, P.A.		7 (03	
Florida street address (P.O. Box NOT acceptable) West fulm Black, FL 33401 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 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 the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 608, F.S		James N. BA	ROWN, P.A.
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		City, Stat	
	above stated lin hereby acce capacity. I furt the proper and	amed as registered agent and to nited liability company at the plept the appointment as registered ther agree to comply with the produced formance of my abligations of my position as regional completers. Chapter 608, F.	lace designated in this certificate d agent and agree to act in this rovisions of all statutes relating that duties, and I am familiar with and istered agent as provided for in S.S

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Jill M. Brown 135 worth Ct. north west palm Beach, Florida 33405
m 6 R	James N. Brown 1110 N. Olive AVE. West palm Beah, FL 33401
NA:	
	(Use attachment if necessary)
ARTICLE V: Effective date, if other than the date (The effective date: 1) cannot be prior to nor document is filed by the Florida Department the effective date listed in the attached Cerdate is listed therein.)	(OPTIONAL) more than 90 days after the date this of State; AND 2) must be the same as
REQUIRED SIGNATURE:	
ail m. Br	own
Signature of a member or an author	orized representative of a member.
(In accordance with section 608.408 of this document constitutes an affire that the facts stated	nation under the penalties of perjury
Typed or printed	name of signee
Filing Fees:	SECRETALAHA
\$125.00 Filing Fee for Articles of O of Registered Agent	organization and Designation &
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional) Page 2 of	onal) 요절 표