# L08000085540

(Requestor's Name)		
(Address)		
(Address)		
(Addiess)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(,,		
(Document Number)		
Certified Copies Certificates of Status		
·		
Special Instructions to Filing Officer:		
A. LUNT		
SEP - 9 2008		
0 E1 8 2000		

**EXAMINER** 

Office Use Only



200135403702

09/08/08--01015--001 \*\*155.00

TAULAHASSIE FIGE

#### **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Three (Name of Resulting)	jimz, LLC		
(Name of Resulting	Florida Limited Company)		
The enclosed Certificate of Conversion, Art convert an "Other Business Entity" into a "laccordance with s. 608.439, F.S.	_		
Please return all correspondence concerning	g this matter to:		
James D. Ke (Contact Person)	cmovd	2008 SEP -8 SECRETARY TAULAHASSE	<b>**</b>
(Firm/Company)  2923 Oak 7  (Address)  Edge Water Form  (City, State and Zip Code)	Tail	-8 P I: 32 RY &F STATE SSEE, FLORIDA	T
Edge Water Pl	- 32141	· · · · · · · · · · · · · · · · · · ·	
(City, State and Zip Code)			
For further information concerning this man	tter, please call:		
(Name of Contact Person)	at ( <u>386</u> ) 40 (Area Code and Da	02-4536 nytime Telephone Number)	
Enclosed is a check for the following amou	nt:		
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)		\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS: Registration Section	MAILING ADDRESS: Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building 2661 Executive Center Circle	P. O. Box 63: Tallahassee,		
2001 LACCULIVE COLLECT CHOIC	ranunassee,	1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

Tallahassee, FL 32301

## $\frac{\textbf{Certificate of Conversion}}{For}$

#### "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
Contificate of Communication
(Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Sole member LLC.
(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-U.S. entity, the name of the country)
on /-/- 08 (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:
IL.
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  Three junts, LCC  (Enter Name of Florida Limited Liability Company)
(Enter Name of Florida Limited Liability Company)
5. If not effective on the date of filing, enter the effective date: $9-1-08$
(The effective date: T) 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 4th day of September 2008.				
Signature of Member or Authorized Representative of Limited Liability Company:				
Signature of Member or Authorized Representative:  Printed Name: James D. Cocmod Title: Aresident				
Signature(s) on behalf of Other Business Entity: [See below for required signature				
Signature: James S. Kocmond Title: Prosident				
Signature: Title:				
Signature:  Printed Name: Title:				
Signature: Title:				
Signature: Title:				
Signature: Title:				
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign.  If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.				
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.				
All others: Signature of an authorized person.				
Fees:				
Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:  \$25.00 \$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 abbreviation "L.L.C.," or the designation	
(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:	
2923 Oak Troil  Edgewater FC 32141  Edgewater FC	re; 1 32141
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:  (The Limited Liability Company cannot serve as its own Registered Agent. You must teach at a individual or another business entity with an active Florida registration.)	
James D. Kocmoula 2	
The name and the Florida street address of the registered agent are so with the street address of the registered agent ag	
Edgewater, FL 32/4/ 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 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 (REQUIRED)

(CONTINUED) 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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
Mgr.	James D. Kocmova 2923 Dak Trail Edgewater FL 32141		
	(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the (The effective date: 1) cannot be prior to a document is filed by the Florida Department the effective date listed in the effective date.	date of filing:  (OPTIONAL)  or more than 90 days after the date this nt of State; <u>AND</u> 2) must be the same as		
the effective date listed in the attached Codate is listed therein.)  REQUIRED SIGNATURE:			
	SiCd.		
Signature of a member or an aut	horized representative of a member.		
of this document constitutes an aff	08(3), Florida Statutes, the execution irmation under the penalties of perjury ted herein are true.)		
Typed or print	b. Kocmoud ed name of signee		
Filing Fagg.			

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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