# 608000086A36

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	·
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

Office Use Only



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SECNETARY OF STATE

T. CLINE

SEP 15 2008

EXAMINER

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# FLORIDA DEPARTMENT OF STATE Division of Corporations

August 12, 2008

MATTHEW SULLIVAN 1111 NEWLAKE DRIVE BOYNTON BEACH, FL 33426 New address

129 citrus Parkcir. Boynton Beach, FL 33436

SUBJECT: SULLIVAN CARPENTRY LLC

Ref. Number: W08000037861

We have received your document for SULLIVAN CARPENTRY 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: 708A00045684

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Sullivan Carpertry LL 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:
Matthew Sullivan (Contact Person) Sullivan Corpentry (Firm/Company)
Boynton Beach FL 33426 (City, State and Zip Code)
For further information concerning this matter, please call:    Matt Sulivan   at (561) 596 6159   (Area Code and Daytime Telephone Number)   6
Enclosed is a check for the following amount:
\$150.00 Filing Fees (\$25 for Conversion & Status  \$125 for Articles of Organization)  \$\$150.00 Filing Fees and Certified Copy  \$\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle  MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Tallahassee, FL 32301

# **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 Busir	ess Entity" immedi	ately prior to t	he filing of this	111	49/NIS
Certificate of Conversion is:	Sullivas Name of Other Bu	Carpe	ntru (	70110	4900155
(Enter	Name of Other Bu	siness Entity)	, ,	<del></del> '	
2. The "Other Business Entity" in (Enter entity type. Example:	s a Sole corporation, limit ship, common law	ed partnershi	p, sole proprie	otorship,	
first organized, formed or incorport (Enter state, or if a constant on Sold Other Business)  3. If the jurisdiction of the "Other under the laws of which it is now	orated under the lava non-U.S. entity, the Entity" was first our Business Entity"	he name of the rganized, forwas changed, t	med or incorporate state or cour	- 결심 등	
4. The name of the Florida Limit Articles of Organization: Substitute Substit	ed Liability Compa Carpevity of Florida Limited	•		 1 	
5. If not effective on the date of: (The effective date: 1) cannot had document is filed by the Floridate effective date listed in the attachisted therein.)	filing, enter the effe oe prior to nor mon a Department of So	ctive date: re than 90 day rate; <u>AND</u> 2) r	s after the dat	me as the	

Signed this 6 day of August	20 <u>08</u> .
Signature of Member or Authorized Representa	ative of Limited Liability Company:
Signature of Member or Authorized Representative Printed Name: McHhaw T. Sullivan	e: Mattit Sile Title: president Monaging member
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s).]
Signature: Watthew T. Sullivan	Title: Owner
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	
•	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	_ Title: \text{ \text{\tint{\text{\te}\text{\te}\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\te}\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\te}\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\texi}\text{\text{\texi}\text{\text{\texi{\text{\texi\texi{\text{\tii}}\\tinttitex{\texit{\text{\texi{\texi{\texi{\texi{\texi}\texit{\texi{\ti
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	corporator must sign.
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> 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 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

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The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street address of Liability Company is:	"the abbreviation "L.L.C.," or the designation the principal office of the Limited
Principal Office Address:	Mailing Address:
1111 New Lake drive Boynton Beach, FC 3342	1111 Newlake drive 26 Boynton Beach, FL 33426
ARTICLE III - Registered Agent, Regis Signature:	stered Office, & Registered Agent's
(The Limited Liability Company cannot serve as its own individual or another business entity with an active Florida registration.)	
(The Limited Liability Company cannot serve as its own individual or another	
(The Limited Liability Company cannot serve as its owr individual or another business entity with an active Florida registration.)	f the registered agent are:
(The Limited Liability Company cannot serve as its owr individual or another business entity with an active Florida registration.)  The name and the Florida street address of Matthew	f the registered agent are:  T. Sullivan  Name  Lake drive
(The Limited Liability Company cannot serve as its owr individual or another business entity with an active Florida registration.)  The name and the Florida street address of Mattwa.  III New Florida street address	f the registered agent are:  T. Sullivan  Name  Lake drive

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 (REQUIRED)

(CONTINUED) Page 1 of 2

# Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: (OPTIONAL) (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 Certificate of Conversion, if an effective date is listed therein.) **REQUIRED SIGNATURE:** Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution ?: of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Typed or printed name of signee

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

Filing Fees:

\$ 5.00 Certificate of Status (Optional)