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

Office Use Only

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G. MCLEOD SEP 15 2008 EXAMINER

COVER LETTER

TO: Registration S Division of C			
SUBJECT: LAND	4 JOHNSOH'S	LUSPECTION 7	EAM LLC
	(Name of Resulting	Florida Limited Company)	
The enclosed Certific convert an "Other Bu accordance with s. 60	siness Entity" into a "	ticles of Organization, Florida Limited Liabil	and fees are submitted t ity Company" in
Please return all corre	espondence concerning	g this matter to:	
LARRY Jo	(Contact Person)		
LARRY JOHN	150N HAPE	-CTION FEAM	
4187 Pal.	44 Dn		
SANA 40 TA	(Address) FL 3424 City, State and Zip Code)	<i>} J</i>	
l .	on concerning this ma	tter, please call:	
(Name of Conta	HH5011	at (<u>GUI</u>) 3	78-111C sytime Telephone Number)
`	or the following amou		ytime reseptione (valueer)
\$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	S:	MAILING A	ADDRESS:
Registration Section	~-	Registration	
Division of Corporati	ions	Division of C	
Clifton Building	a	P. O. Box 633	
2661 Executive Cent	er Circle	Tallahassee, l	FL 32314

Tallahassee, FL 32301

DIVISION OF CORPORATIONS 08 SEP 12 AM 10: 06

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: Larry Johnson's Inspection Team (Enter Name of Other Business Entity) 2. The "Other Business Entity" is a sole propriertorship (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 Florida (Enter state, or if a non-U.S. entity, the name of the country) on 04/2002 (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: Florida 4. The name of the Florida Limited Liability Company as set forth in the attached **Articles of Organization:** Larry Johnson's Inspection Team LLC (Enter Name of Florida Limited Liability Company) 5. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to nor more than 90 days after the date this

listed therein.)

document is filed by the Florida Department of State; <u>AND</u> 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is

Signed this 5 day of 5EPT.	20_ <i>0_</i> 8
Signature of Member or Authorized Representa	ative of Limited Liability Company:
Signature of Member or Authorized Representative Printed Name: LAWRENCE OHNSON	e:
Signature(s) on behalf of Other Business Entity: Signature: Printed Name: ALVICHCE (U. John D. A.)	[See below for required signature(s).]
Printed Name ALUNEHCE TU. JOHHO A	LiPitle: CUNEIC
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Cionotano	
Signature:Printed Name:	Title:
Signature: Printed Name:	Title
Timed Name.	1100.
If Florida Corporation:	0.00
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc	
in Directors of Officers have not been selected, an in-	corporator must sign.
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Certificate of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy: Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)
centitions of control	Triba (opinion)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na	me:			
The name of the L	imited Liability Co	ompany is:		
Larry Johnson	on's Inspection	Team LLO	С	.
			eviation "L.L.C.," or the designati	
ARTICLE II - Ac The mailing addre Liability Company	ss and street addre	ss of the princ	cipal office of the Limite	:d
Principal Office A	<u> Address:</u>]	Mailing Address:	
4187 Palau Dr			Sarasota, FL 34241	

Signature: (The Limited Liability C individual or another	ompany cannot serve as active Florida registratio	its own Registere	Office, & Registered Age and Agent. You must designate an aistered agent are:	ent's
	Lawrence W. Joh		·	
	4187 Palau Dr.	Name		
	Florida street add	iress (P.O. Bo	ox NOT acceptable)	
	Sarasota	Į	FL 34241	
		City, State, a	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, 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..

(CONTINUED)

REQUIRED SIGNATURE:

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:

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Lawrence W. Johnson 4187 Palau Dr. Sarasota, FL 34241
(4.),	(Use attachment if necessary)
	(OPTIONAL) or more than 90 days after the date this nt of State; AND 2) must be the same as
	ertificate of Conversion, if an effective
ective date listed in the attached C listed therein.) REQUIRED SIGNATURE:	Insen
REQUIRED SIGNATURE: Signature of a member or an aut (In accordance with section 608.4 of this document constitutes an aft that the facts state that the facts state that the section state that the facts state the fac	

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)