# L08000090813

(Re	questor's Name)			
(Address)				
(Address)				
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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SECRETARY OF STATE

T. CLINE

SEP 24 2008

EXAMINER

No #



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 9, 2008

ELIZABETH BAHL 1905 14TH AVE VERO BEACH, FL 32963

SUBJECT: STICKHEAD LACROSSE OF VERO BEACH, LLC

Ref. Number: W08000041867

We have received your document for STICKHEAD LACROSSE OF VERO BEACH, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$155.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

Service Control of the Control of th

## **COVER LETTER**

TO: Registration S Division of C	orporations			
	Stickhead	Lacrosse of Va	ero Beach, LLC.	
SUBJECT: (Name of Resulting Florida Limited Company)				
	isiness Entity" into a "	ticles of Organization, Florida Limited Liabili	and fees are submitted to ty Company" in	
	espondence concerning			
Elizabet	h S. Bah	1		
Stickheac	(Contact Person)  La Crosse of  (Firm/Company)	Varo Beach		
1905 19	In Avenue			
Vero Bea	(Address)  (Address)  Ch, FL 32  City, State and Zip Code)	763	SEC	
. (0	City, State and Zip Code)		SEGRETARY	
For further information	on concerning this mat	tter, please call:	مرايا	
Elizabeth	Bahl	at (772) 53	8 -0440 ES ≥	
(Name of Conta	ct Person)	(Area Code and Da	ytime relephone Namber)	
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 Status	\$180.00 Filing Fees and Certified Copy	\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS	S:	MAILING A	<del></del>	
Registration Section		Registration Section Division of Corporations		
Division of Corporations Clifton Building		P. O. Box 632		
2661 Executive Center	er Circle	Tallahassee, F		
Tallahassee, FL 3230	01	,		

# **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.

1. The name of the "Other Business Entity" immediately prior to the filing of this						
Certificate of Conversion is: Stickhead Lacrosse of Vero Beach.						
(Enter Name of Other Business Entity)						
(Enter Name of Other Business Entity)  2. The "Other Business Entity" is a Sole Proprietor Ship (50%) (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 Processing (Enter state, or if a non-U.S. entity, the name of the country)						
on March 21, 2008 (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:						
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:						
Stickhead Lacrosse of Vero Beach, 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 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 5. day of September	. 20 <b>⊘</b> ∑			
Signature of Member or Authorized Represents				
Signature of Member of Authorized Representative Printed Name: Flizabeth S. Bah				
Printed Name: Flizabeth S. Bah	Title: OWNER			
Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]				
Signature: Mach S. Bahl	Till. O atlant			
Printed Name: Elizabeth S. Bahl	_ litte: <u>f)wDerC</u>			
Signature:Printed Name:				
Frinted Name:	1 tue:			
Signature:Printed Name:	Title			
Signature: Printed Name:	Title:			
Signature:Printed Name:	_Title:			
Signature: Printed Name:	Title: (AP N) press			
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer.			
If Directors or Officers have not been selected, an Inc	() )			
If Florida General Partnership or Limited Liability Partnership:				
Signature of one General Partner.				
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	y Limited Partnership:			
All others: Signature of an authorized person.				
Fees:				
Certificate of Conversion:	\$25.00			
Fees for Florida Articles of Organization:	\$125.00 \$30.00 (Ontional)			
Certified Copy: Certificate of Status:	\$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:

Stickhead Lacrosse of	Vero Beach, L.L.C.			
(Must end with the words "Limited Liability Company," the "LLC.")	abbreviation "L.L.C.," or the designation			
ARTICLE II - Address: The mailing address and street address of the Liability Company is:	principal office of the Limited			
Principal Office Address:	Mailing Address:			
1905 14th Avenue Vero Beach, FC 32960	1141 Indian Mound Trail Vero Beach, PZ 32963			
ARTICLE III - Registered Agent, Registere Signature: (The Limited Liability Company cannot serve as its own Regindividual or another business entity with an active Florida registration.)	istered Agent. You must designate and SEP 23			
The name and the Florida street address of the registered agent are:  Elizabeth S. Bahl				
Florida street address (P.O. Box NOT acceptable)				
Vero Beach	<del></del>			
Having have named as registered agent and	to appart carning of process for the			

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

# ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: 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.) Elizabeth S. Bahl Typed or printed name of signee 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)

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