L08000094373

(Requestor's Name)
(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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10/07/08--01001--001 **111.25

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MI SEP 22 P 2: 33
SECRETARY OF STATE AND ANASSEE FROM THE

T. HAMPTON

OCT - 6 2008

EXAMINER

treater son

COVER LETTER

TO: Registration S Division of Co				
SUBJECT: Sippe	ert Services, I	nc.		
	(Name of Florid	da Profit Corporatio	on)	
			nitted to convert a Florida rdance with s. 607.1113, F.S	
Please return all corre	spondence concernir	ng this matter to:		
Glenn Sippert				
	(Contact Person)			
	(Firm/Company)		_	
3278 Haddon	Ave NE		_	
	(Address)		_	
Palm Bay, FL	32905			
	ity, State and Zip Code)		_	
For further information	n concerning this ma	atter, please call:	:	
Glenn Sippert		_ _{at (} 321	302-2820	
(Name of Cont	act Person)	(Area Code	and Daytime Telephone Number	
Enclosed is a check for	or the following amor	unt:		
\$35.00 Filing Fee	\$43.75 Filing Fee and Certificate of Status	\$43.75 Filing and Certified Co	Fee \$\int_\$52.50 Filing Fee, Opy Certified Copy, and Certificate of Status	
STREET ADDRESS	:		LING ADDRESS:	
Registration Section Registration Sec				
Division of Corporations			Division of Corporations P. O. Box 6327	
Clifton Building 2661 Executive Center Circle		Tallahassee, FL 32314		
Tallahassee, FL 3230			The second of th	



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

08 OCT -3 PM 2: 58

SECRETARY OF STATE TALLAHASSEE. FLORIDA

September 26, 2008

GLENN SIPPERT 3278 HADDON AVE NE PALM BAY, FL 32905

SUBJECT: SIPPERT SERVICES, LLC

Ref. Number: W08000044687

We have received your document for SIPPERT SERVICES, LLC and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$111.25. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 108A00051736

Her our conversation

Twould like my original

Fife Date

Hunk You!

P.S. Thank you

Glenn

For your help.

Division of Cornerations - P.O. BOX 6327 - Tallahassee Florida 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.

1. The name of the "Other Business Entity" immediately prior to the filing of this
Certificate of Conversion is: Sipport Services Inc. (Enter Name of Other Business Entity) G.S.
and the second s
2. The "Other Business Entity" is a
irst organized, formed or incorporated under the laws of
(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: Sippert Services LLC (Enter Name of Florida Limited Liability Company)
(Enter Name of Florida Limited Liability Company)
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 isted therein.)

Page 1 of 2

Signed this 2nd day of October	_20_08		
Signature of Member or Authorized Represent	/ / / /	"	1
Signature of Member or Authorized Representative Printed Name: Signature Sippers	e: Title: Presi	Seprit	/ - -
Signatura(s) on habilf of Other Duciness Entity	(Coo bolow for monuing	d signatura(s) l	
Signature: Signature: Signature: Signature: Printed Name: Glana A Signature	Title: Manag	ing Men	-ber
Signature:Printed Name:		_	- -
Signature: Printed Name:	Title:		- -
Signature:Printed Name:	Title:		- -
Signature:Printed Name:			
Signature: Printed Name:			
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 Partnershi	<u>p:</u>	
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)	2008 SEP 22 P SECRETARY OF ALLAHASSEE.F	
Page 2 of 2			

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(Must end with the words (Amited Liability Company," the abbreviation "L.L.C.," or the designation "L.L.C.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limite Liability Company is: Principal Office Address: Mailing Address: Mailing Address: Mailing Address: ARTICLE III - Registered Agent, Registered Office, & Registered Age 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: Agent	CLE II - Address: ailing address and street address of the principal office of the Limited ity Company is: Mailing Address: Mailing Address: Mailing Address. Mailing Address: Mailing Address: Mailing Addre	The name of the	Name: le Limited Liab	bility Company	is:		
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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	Name and Address:
"MGRM" = Managing Member MGRM	Gleng A Signet 3278 Haddon Ave Palm Bay P132908
	(Use attachment if necessary)
ARTICLE V: Effective date, if other than the common of the effective date: 1) cannot be prior to not document is filed by the Florida Department the effective date listed in the attached Codate is listed therein.) REQUIRED SIGNATURE:	(OPTIONAL) or more than 90 days after the date this at of State; <u>AND</u> 2) must be the same as
Signature of a member or an aut	horized representative of a member.
of this document constitutes an affi that the facts star Glenn H	- Sippert
Typed or print	ed name of Mgnee
Filing Fees:	ZION SE TALI

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2

FILED

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