12800098549

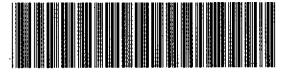
(De			
(Requestor's Name)			
(Ad	dress)		
(Address)			
(Cit	y/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL	
/D.	siness Entity Name		
(Du	siness citity Name,)	
(Do	cument Number)		
Certified Copies	_ Certificates of	f Status	
		,	
Special Instructions to	Eiling Officer		
Special instructions to	rining Officer.		

Office Use Only

G. MCLEOD

OCT 21 2008

EXAMINER



200134646882

09/22/08-01014-006-\$125.00

10/20/08--01003--006 **25.00

09/22/08--01014--006 **125.00

08 SEP 22 AM 8: 56

SECRETARY OF STATE DIVISION OF CORPORATIONS

October 9, 2008

Gina McLeod Regulatory Specialist II Florida Dept. Of State Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

Re:

W08000044165

Letter # 608A00051266

Dear Ms. McLeod:

Enclosed you will find, I hope, all the proper paperwork you have sent to me. I have also enclosed an additional check for \$25.00, check number 360 as requested. I hope that everything has been properly filled out and signed. Please file this as soon as possible. I am having a problem with my bank and my customers and I need to be an LLC right now.

Thanking you in advance for your anticipated cooperation.

Sincerely yours,

Eric Wright 624 Hyacinth Circle Barefoot Bay, Florida 32976 (772) 664-2794

COVER LETTER

4	Registration S Division of C				
SUBJE	CT: _GROUN	DS MAGICAL (Name of Resulting	SERVICES, L. I. Florida Limited Company	.C.	
convert		siness Entity" into a "	ticles of Organization, Florida Limited Liabil		
Please r	eturn all corre	espondence concerning	g this matter to:		
<u></u>	ERIC WRIG	HT (Contact Person)			
	GROUNDS	MAGICAL SER (Firm/Company)	RVICES, L. L. C		
(5655 Micco Road, Micco Florida 32976) (Address) 624 Hyacinth Circle, Barefoot Bay, Florida Mailing Address					
*************	(0	City, State and Zip Code)			
For furt	her information	on concerning this mat	ter, please call:		
	Enc. ((Name of Conta	Mright 4	at (321) 50 (Area Code and Da	06 9363 Dytime Telephone No	ımber)
	WRIGHT d is a check f	or the following amou	nt:		
(\$25 for 0	00 Filing Fees Conversion or Articles zation)	\$155.00 Filing Fees and Certificate of Status	\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Certified Copy, an Certificate of State	d .
Registra Divisior Clifton I 2661 Ex	OY PAID \$ IT ADDRESS Ation Section In of Corporati Building Recutive Cente Seee, FL 3230	ons or Circle	ed \$25.00 Addi MAILING A Registration S Division of C P. O. Box 632 Tallahassee, I	Section Corporations 27	required.

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:	
GROUNDS MANAGEMENT SERVICES	
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a SOLE PROPRIETORSHIP	
(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)	0
(Enter date "Other Business Entity" was first organized, formed or incorporated)	DIVISION OF
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:	2 AM
NA .	છ
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:	56
GROUNDS MAGICAL SERVICES, L. L. C.	
(Enter Name of Florida Limited Liability Company)	
5. If not effective on the date of filing, enter the effective date: 10 08. (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	e

effective date listed in the attached Articles of Organization, if an effective date is

listed therein.)

•	•	/	
•	Signed this 9 day of Oxtobel	_20 08	
	Signature of Member or Authorized Representa	tive of Limited Liability Company:	
	Signature of Member or Authorized Representative Printed Name:	Title: President	
	Signature(s) on behalf of Other Business Entity:	See below for required signature(s).]	
†	Signature: Ence Whalf Printed Name: ERIC WRAGHT	Title: President	
	Signature: Robert Wellett Printed Name: Robert Wellett	Title: Vice President	
	/ ///	Title: <u>Secretary/Treasurer</u>	
	Signature:Printed Name:	_ Title:	
	Signature:Printed Name:	Title:	
	Signature:Printed Name:	Title:	
	If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liabili Signature of one General Partner.	corporator must sign.	
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: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	ICI	.17.	1 _ 1	Name	•

.

The name of the Limited Liability Company is:

GROUNDS MAGICAL SERVICES, L. L. C.

(Must end with the words "Limited 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 Limited Liability Company is:

Principal Office Address:

Mailing Address:

5655 Micco Road Micco, Florida 32976 624 Hyacinth Circle Barefoot Bay, Florida 32976

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's 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:

ERIC WRIGHT

Name

624 Hyacinth Circle, Barefoot Bay, Florida 32976 Florida street address (P.O. Box NOT acceptable)

5655 Micco Road, Micco,

FLorida 32976 (office)

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, 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	
_M6-R	ERIC WRIGHT 624 HYACINTH CIRCLE BARRETONT BAY, FA. 33970
MORM	ROBERT WRIGHT 2299 COGAN DRIVE PALM BAY FA 32909
MORM	SEND HOULE 2299 COGAN DRIVE FALM BAYLEIA 32976
ARTICLE V: Effective date, if other than the date (The effective date: 1) cannot be prior to not document is filed by the Florida Department the effective date listed in the attached Cerdate is listed therein.)	more than 90 days after the date this of State; <u>AND</u> 2) must be the same as
REQUIRED SIGNATURE:	
Signature of a member or on author	orized representative of a member.
	8(3), Florida Statutes, the execution mation under the penalties of perjury d herein are true.)

Filing Fees:

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

WR16-HT
Typed or printed name of signee

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)