# L08000104233

(Req	uestor's Name)			
(Address)				
(Addı	ress)			
(City/	/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Busi	ness Entity Nam	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Fi	ling Officer:			
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Office Use Only



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T. HAMPTON

NOV 1 0 2008

**EXAMINER** 

208-50868

#### **COVER LETTER**

TO: Registration Section

Division of Corporations
SUBJECT: Surpro PAINTING LLC. (Name of Resulting Florida Limited Company)
The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted 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:
JAMES MC GUIRE (Contact Person)
(Firm/Company)
3806 MOON BAY CIR. (Address)
WELLINGTON FC 33414 (City, State and Zip Code)
For further information concerning this matter, please call:
TAMES MCGIRE at (561) 283-5024  (Name of Contact Person) (Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount:
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)  \$150.00 Filing Fees and Certificate of Status  \$180.00 Filing Fees and Certified Copy & Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



### FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

08 NOV -7 PM 4: 19

SECRETARY OF STATE TALLAHASSEE, FLORIDA

November 5, 2008

JAMES MCGUIRE 3806 MOON BAY CIR WELLINGTON, FL 33414

SUBJECT: SUNPRO PAINTING, LLC

Ref. Number: W08000050362

We have received your document for SUNPRO PAINTING, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Organization, if any.

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: 808A00056191

# **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:  SUNPRO PAINTING, INC.					
(Enter Name of Other Business Entity)					
2. The "Other Business Entity" is a <u>Corporation</u> .  (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)					
(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:					
SUN PRO PAINTING, L.L.C. (Enter Name of Florida Limited Liability Company)					
(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					
Page 1 of 2					
SSE I F					

Signed this 29 day of 0070 851	20 08		
Signature of Member or Authorized Representa	tive of Limited Lia	bility Compa	ny:
Signature of Member or Authorized Representative Printed Name:	:		<del></del>
Signature(s) on behalf of Other Business Entity:			
Signature:			
Signature: Printed Name: TANES MC GULUS	_ Title:	PENT	
Signature:			
Signature: Printed Name:	Title:		<del></del>
Signature:			
Signature: Printed Name:	_ Title:		
Signature:			
Signature: Printed Name:	Title:		
Signature:			
Signature: Printed Name:	_ Title:	γ	
Signature:			
Printed Name:	_ Title:		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers or Officers have not been selected, an Inc.  If Florida General Partnership or Limited Liability Signature of one General Partner.  If Florida Limited Partnership or Limited Liability	corporator must sign.	nip:	
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:  Page 2 of 2	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	SECRETARY OF STALLAHASSEE, FLO	
		3: 53 TATE ORIDA	

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limite	ed Liability Company i	r.	
Sun PRO PAIN (Must end with the words "Lime" "LLC.")	wT/M9 LLC.  ited Liability Company," the	abbreviation "L.L.C.," o	r the designation
ARTICLE II - Address The mailing address and Liability Company is:		principal office of	the Limited
Principal Office Addr	ess:	Mailing Add	ress:
3806 Moon Wellington	BAY CIR. FL 33414	3806 H WELLING	OON BAYCIL
ARTICLE III - Regist Signature: (The Limited Liability Compar individual or another business entity with an active	ny cannot serve as its own Reg	istered Agent. You mus	t designate an
The name and the Flori		<del>-</del>	
	Name of Street address (P.C.)	5416	
	3 806 Hoon B	ne 44 C/R.	
Flo	orida street address (P.C	O. Box <u>NOT</u> accep	ptable)
. 10			
	rellington	FL 3349	7
	vellington City, Sta	FL 3349 ate, and Zip	

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	
MGRIVI - Managing Michiger	TAMES MCGUIRE
<del></del>	
No. 2	
	•
	(Use attachment if necessary)
ARTICLE V: Effective date, if other than the d	ate of filing
ANTICED V. Encouve date, it offer that the t	(OPTIONAL)
(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.)	of State; AND 2) must be the same as
REQUIRED SIGNATURE:	
Signature of a member or an auth	orized representative of a member.
(In accordance with section 608.40 of this document constitutes an affir that the facts state	8(3), Florida Statutes, the execution mation under the penalties of perjury ed herein are true.)
JAMES MC GUIL	· · · · · · · · · · · · · · · · · · ·
T 1	7
1 yped or printed	7
Filing Fees:	, i
Filing Fees: \$125.00 Filing Fee for Articles of C	d name of signee LAHASSEE CORE TARY
Filing Fees: \$125.00 Filing Fee for Articles of C of Registered Agent	d name of signee  AHASSEE GRACION  Organization and Designation
Filing Fees: \$125.00 Filing Fee for Articles of C	d name of signee  SECRETARY CARTON  Organization and Designation  onal)