L08000111513

(Requestor's Name)
(Address)
(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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12/04/08--01014--025 **155.00

B. KOHR
DEC-5 2008
EXAMINER

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COVER LETTER

TO: Registration S Division of C			
	•	_	
SUBJECT: Metac	om Systems, LLO (Name of Resulting	Florida Limited Company	<u> </u>
	· ·	• •	•
	siness Entity" into a "	ticles of Organization, Florida Limited Liabi	and fees are submitted to lity Company" in
Please return all corre	espondence concernin	g this matter to:	
Yvonne J. Butler			
	(Contact Person)		
Metacom Systems, LLC			9°
	(Firm/Company)		\
PO Box 530536			
	(Address)		
St Petersburg FL 3374			
(0	City, State and Zip Code)		
For further information	on concerning this ma	tter, please call:	
Yvonne J. Butler		_at (727) 381-	
(Name of Conta	ct Person)	(Area Code and D	aytime Telephone Number)
Enclosed is a check f	or the following amou	ınt:	
\$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 Registration Section Division of Corporat Clifton Building		MAILING A Registration Division of C P. O. Box 63	Section Corporations
2661 Executive Cent	er Circle	Tallahassee,	FL 32314

Tallahassee, FL 32301

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.	
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: Lotus Equator Photography Productions (Enter Name of Other Business Entity)	
(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)	
on January 1, 2003	
(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:	
Metacom Systems, 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; <u>AND</u> 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 1st day of December	20_08
Signature of Member or Authorized Representa	tive of Limited Liability Company:
Signature of Member or Authorized Representative Printed Name: <u>Yvonne J. Butler</u>	: Moune Abuth Title: President/CEO/Owner
Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]
Signature: Worme Strall	
Printed Name: Wonne J. Butler	Title: President/CEO/Owner
Signature:	<u> </u>
Printed Name:	_ Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Printed Name:	_ Title:
Signature:	
Printed Name:	_ Title:
Signature:	
Printed Name:	_ Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or C	
If Directors or Officers have not been selected, an Inc	orporator must sign.
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:
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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability C Metacom Systems, LLC	company is:
	mpany," the abbreviation "L.L.C.," or the designation
ELC.)	ess of the principal office of the Limited Mailing Address: PO Box 530536
ARTICLE II - Address:	
The mailing address and street addre	ess of the principal office of the Limited San Control
Liability Company is:	The second
	and the second s
Principal Office Address:	Mailing Address:
5631 26th Avenue South	PO Box 530536
Gulfport, FL 33707	St Petersburg FL 33747
	<u> </u>
	<u> </u>
ARTICLE III - Registered Agent	Registered Office, & Registered Agent's
Signature:	Registered Office, & Registered Agent's
	its own Registered Agent. You must designate an
individual or another	The same standard and the same standard
business entity with an active Florida registration	on.)
The name and the Florida street addr	rang of the registered egent are:
The name and the Plotida street addi	ess of the registered agent are.
Yvonne J. Butler	
	Name
5631 26th Aven	- 1
riorida street ade	dress (P.O. Box <u>NOT</u> acceptable)
Gulfnort	EI 22707

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)

City, State, and Zip

(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:

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
Manager	Yvonne J. Butler 5631 26th Avenue South Gulfport FL 33707
	(Use attachment if necessary)
LEV: Effective date, if other than the	,
ective date: 1) cannot be prior to a not is filed by the Florida Departmentive date listed in the attached (sted therein.) REQUIRED SIGNATURE:	,
ective date: 1) cannot be prior to a nt is filed by the Florida Departmentive date listed in the attached (sted therein.) REQUIRED SIGNATURE:	(OPTIONAL) nor more than 90 days after the date this ent of State; AND 2) must be the same as Certificate of Conversion, if an effective
ective date: 1) cannot be prior to a nt is filed by the Florida Departmentive date listed in the attached of sted therein.) REQUIRED SIGNATURE: Signature of a member or an au	(OPTIONAL) nor more than 90 days after the date this ent of State; AND 2) must be the same as Certificate of Conversion, if an effective
ective date: 1) cannot be prior to a not is filed by the Florida Departmentive date listed in the attached (isted therein.) REQUIRED SIGNATURE: Signature of a member of an automatic of this document constitutes an attached to a section 608.	(OPTIONAL) nor more than 90 days after the date this ent of State; AND 2) must be the same as Certificate of Conversion, if an effective
nt is filed by the Florida Department of the date listed in the attached Constend the isted therein.) REQUIRED SIGNATURE: Signature of a member of an automatic department of the image o	(OPTIONAL) nor more than 90 days after the date this ent of State; AND 2) must be the same as Certificate of Conversion, if an effective athorized representative of a member. 408(3), Florida Statutes, the execution ffirmation under the penalties of perjury

\$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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