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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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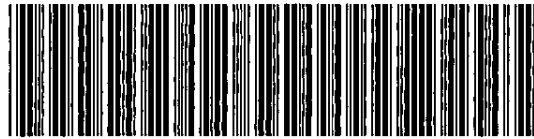
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
ALABAMA SECRETARIAT

08 DEC 31 PM 2:12

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S. HAWKES

JAN 7 2009

EXAMINER

LAW OFFICES OF  
**ROSE & ROSE, P.A.**

ANDREW C. ROSE\*

[Arose6@bellsouth.net](mailto:Arose6@bellsouth.net)

PETER A. ROSE\*

[Prose6@bellsouth.net](mailto:Prose6@bellsouth.net)

\*ALSO LICENSED IN TEXAS

1800 N.W. CORPORATE BLVD.

SUITE 302

BOCA RATON, FL 33431

TELEPHONE: 561-394-4995

BROWARD LINE: 954-561-5000

FACSIMILE: 561-417-6692

Fort Lauderdale Location:

THE WILTON CENTRE-STE. 400

2101 NORTH ANDREWS AVENUE

FORT LAUDERDALE, FL 33311

**REPLY TO: BOCA RATON**

OF COUNSEL:  
ROBERT L. KING  
JAMES O. BIRR, JR.

Via Federal Express

December 29, 2008

Registration Sections  
Division of Corporations  
Clifton Bldg.  
2661 Executive Center Circle  
Tallahassee, FL 32301

RE: Conversion of Corporation to LLC  
Our File No. 9160-Triple L of South Florida

Dear Sir or Madam:

Enclosed please find the appropriate forms to form a Limited Liability Company and Conversion from Other Business Entity to the Limited Liability Company together with our check in the amount of \$185.00.

Please return all documentation to Peter A. Rose, Rose & Rose P.A., 1800 NW Corporate Blvd, Suite 302, Boca Raton, FL 33431. In the event there are any questions, please contact us immediately at 561-394-4995.

Sincerely,

PETER A. ROSE, ESQ.  
For the Firm  
PAR/lf

*Signed in Mr. Rose's absence to expedite delivery.*

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Triple L of South Florida, LLC**  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Peter A Rose**

(Name of Person)

**Rose & Rose PA**

(Firm/Company)

**1800 NW Corporate Blvd #302**

(Address)

**Boca Raton FL 33431**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Peter A Rose**

(Name of Person)

at ( **561** ) **394 4995**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Certificate of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Limited Liability Company**

08 DEC 31 PM 2:12  
**FILED**  
SECRET  
TALLAHASSEE, FLORIDA

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:

Triple L of South Florida, Inc.

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a Corporation.

(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 Dec 1, 2006.

(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:

N/A

4. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

Triple L of South Florida, LLC

(Enter Name of Florida Limited Liability Company)

5. If not effective on the date of filing, enter the effective date: January 1, 2009.

(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 30 day of Dec 2008.

**Signature of Member or Authorized Representative of Limited Liability Company:**

Signature of Member or Authorized Representative: Leonard DiPaolo Jr  
Printed Name: Leonard DiPaolo Jr Title: MEM

**Signature(s) on behalf of Other Business Entity: [See below for required signature(s)].**

Signature: Leonard DiPaolo Jr  
Printed Name: Leonard DiPaolo Jr Title: Dir + Pres

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

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 Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**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:                 | \$25.00            |
| Fees for Florida Articles of Organization: | \$125.00           |
| Certified Copy:                            | \$30.00 (Optional) |
| Certificate of Status:                     | \$5.00 (Optional)  |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Triple L of South Florida, LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company

#### Principal Office Address:

2296 NW 30th Place

Pompano Beach FL 33069

#### Mailing Address:

2296 NW 30th Place

Pompano Beach FL 33069

### 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:

Peter A Rose

Name

1800 NW Corporate Blvd #302

Florida street address (P.O. Box **NOT** acceptable)

Boca Raton FL 33431

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:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Leonard DiPaolo Jr.  
2296 NW 30th Place  
Pompano Beach FL 33069

MGRM

Linda DiPaolo  
2296 NW 30th Place  
Pompano Beach FL 33069

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: January 1, 2009. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

Leonard DiPaolo Jr.

Typed or printed name of signer

**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)**