# L0900000008000

(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:	
A. LUNT JAN - 9 2008	
EXAMINER	

Office Use Only

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SECRETARY OF STATE

### **COVER LETTER**

Registration Section Division of Corporations

P06-134685

TO:

SUBJECT: Joku VEli Joki-TE	SOLA LUDIVIDUA	ol LLC
(Name of Resulting	Florida Limited Company)	•
The enclosed Certificate of Conversion, Ar convert an "Other Business Entity" into a "accordance with s. 608.439, F.S.		
Please return all correspondence concerning	g this matter to:	
John Joki-Pesola (Contact Person) John Vell Joki-Pesola Judi	UIDUAL LLC	Ärcu (1
(Firm/Company)		ELCATA
16027 89Th PLACE M (Address) LOXALATCLEE, FL, 334 (City, State and Zip Code)	170	SSEE, F
(City, State and Zip Code)		PH 4: 0
For further information concerning this ma	tter, please call:	
(Name of Contact Person)	at (561) 3	17-1777
(Name of Contact Person)	(Area Code and Da	aytime Telephone Number)
Enclosed is a check for the following amou	int:	
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐ \$180.00 Filing Fees and Certified Copy	☐ \$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING A	ADDRESS:
Registration Section	stration Section Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P. O. Box 6327	
2661 Executive Center Circle	Tallahassee,	FL 32314
Tallahassee, FL 32301		

### **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 Timmediately prior to the fining of the	.115	
Certificate of Conversion is:  JOHN JOKI- FESOLA GENERAL CONTRACTOR INC.	1	_
	- 1	- 6007
(Enter Name of Other Business Entity)		•
2. The "Other Business Entity" is a CORPORATION	1-22	- H
(Enter entity type. Example: corporation, limited partnership, sole prop	ri <b>¢f</b> orsh	ıi <b>p</b> ?
general partnership, common law or business trust, etc.)	Fig.	3
first organized, formed or incorporated under the laws of FloRIDA	997	٠ <u>;</u>
(Enter state, or if a non-U.S. entity, the name of the country)	Sm	0
on 10/2006 (Enter date "Other Business Entity" was first organized, formed or incompanied.	rporate	:d)
3. If the jurisdiction of the "Other Business Entity" was changed, the state or counder the laws of which it is now organized, formed or incorporated:	ountry	
JURISTICTION WAS NOT Changes		
4. The name of the Florida Limited Liability Company as set forth in the attack Articles of Organization:	hed	
John Veli Joki-PESOLA INDIVIDUAL LLC		
(Enter Name of Florida Limited Liability Company)		

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-	-
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5. If not effective on the date of filing, enter 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 2 day of January 20 09

Signature of Authorized Person: February 20 09

Printed Name: John Joki- Esola Title: Managing Member

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:	#. Z
Toku Veli Toki-Pesola Individual (Must end with the words "Limited Liability Company," the abb	reviation "L.L.C.," or the designation
ARTICLE II - Address: The mailing address and street address of the pri Liability Company is:	ncipal office of the Limited
Principal Office Address:	Mailing Address:
16027 89TE PL. N LOXAHATCHEE, FL.	16027 89Th PL. N. LOXALATCHER, FL.
33470	33470
Signature:  (The Limited Liability Company cannot serve as its own Registe individual or another business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
John Veli Jok	i-Pesola
16027 89 PU	ace North
Florida street address (P.O.	Box NOT acceptable)
LOXAHAICKEE CARRELINESEC	FL 33470
City, State	
Having been named as registered agent and to above stated limited liability company at the planereby accept the appointment as registered capacity. I further agree to comply with the protect the proper and complete performance of my disaccept the obligations of my position as registered Abent's Signature.	nce designated in this certificate, I I agent and agree to act in this ovisions of all statutes relating to uties, and I am familiar with and stered agent as provided for in

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MANAGERS NEMBER	GLEN CONSTANTINE MGR 1428 FAIRWAY CIRCLE GREENACRES, FL. 334/3
MANAGING MEMBER	JOHN VE/1 JOKI- PESO/A 16027 89 TAPCE NORTH LOXAHATCHEE, FL. 33470
· · · · · · · · · · · · · · · · · · ·	
	(Use attachment if necessary)
ARTICLE V: Effective date, if other than the da (OPTIONAL) (If an effective date is listed, the date must be business days prior to or 90 days after the date	specific and cannot be more than five
<u>REQUIRED</u> SIGNATURE:	
Jaca Jaki Gu	
Signature of a metaber or an author	orized representative of a member.
that the facts state	mation under the penalties of perjury 🔀
JOHN JOKI- TESC	DA RE TI
Typed or printed	I name of signee
Filing Fees:	
\$125.00 Filing Fee for Articles of O	Prganization and Designation 2
of Registered Agent	_
\$ 30.00 Certified Copy (Optional)	amal)