# L0900000008

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	NIL.
**	
(Business Entity Name)	
(Basilloss Entry Hallis)	
(Document Number)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	- 1
	1
ŕ	İ

Office Use Only



200139411982

01/05/09--01034--023 \*\*180.00

09 JAN 16 PH 2: 52

SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

JAN 2 0 2009

**EXAMINER** 

308-90K

# **COVER LETTER**

Division of C			
SUBJECT:	J-QUAD, 11c		
5000ECT	(Name of Resulting	Florida Limited Com	pany)
	isiness Entity" into a "		ion, and fees are submitted to itability Company" in
Please return all corre	espondence concernin	g this matter to:	
J. HOUTRIDES_			
	(Contact Person)		
	(Firm/Company)		
10563 S. W. C	AM RUN (Address)		
	, ,	tter, please call:	·
J. HOUTRIDES		at ( 772 )	214-9192
(Name of Conta	ct Person)		nd Daytime Telephone Number)
Enclosed is a check f	or the following amou	ent:	
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$155.00 Filing Fees and Certificate of Status	\$180.00 Filing Fo and Certified Copy	ces
STREET ADDRESS Registration Section Division of Corporati Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons er Circle	Registrat Division P. O. Box	ion Section of Corporations a 6327 see, FL 32314

\_1∫C

RECEIVED

09 JAN 16 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

January 6, 2009

J HOUTRIDES 10563 SW CAM RUN PORT ST LUCIE, FL 34987

SUBJECT: J-QUAD, LLC Ref. Number: W09000000308

We have received your document for J-QUAD, LLC and your check(s) totaling \$180.00. 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.

Our office received your document on 01/05/09.,

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: 909A00000240

#### **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 Certificate of Conversion is:	y" immediately pr	ior to the filing of this		
	NCORPORATED			
(Enter Name of Other Business Entity)				
2. The "Other Business Entity" is a	CORPORAT	ION		
(Enter entity type. Example: corpora general partnership, com				
first organized, formed or incorporated un-	der the laws of	FLORIDA		
(Enter state, or if a non-U.				
on01/10/1978 (Enter date "Other Business Entity" of the jurisdiction of the "Other Business under the laws of which it is now organizedn/a	ss Entity" was cha	inged, the state or country		
4. The name of the Florida Limited Liabil Articles of Organization:	lity Company as s	et forth in the attached		
J-QUAD,11C		·		
(Enter Name of Florid	a Limited Liabili	ty Company)		
5. If not effective on the date of filing, ent (The effective date: 1) cannot be prior t document is filed by the Florida Depart	o nor more than	90 days after the date this		

Page 1 of 2

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

listed therein.)

Signed this 30th day of Decemb	er 20 <u>09</u>
Signature of Member or Authorized	Representative of Limited Liability Company:
Signature of Member or Authorized Re Printed Name: <u>Josephine Houtrid</u>	epresentative: es Title:Manager
Signature(s) on behalf of Other Busin	ess Entity: [See below for required signature(s).]
Signature:	Title: <u>President/Treasurer</u>
<b>\ 1</b>	dos Title: Vice President/Secretary
Printed Name: Deservine Houtri	desTitle: <u>Vice-President/Secretary</u>
Signature:Printed Name:	Title:
Signature:	·
Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:	
If Florida Corporation:	· · · · · · · · · · · · · · · · · · ·
Signature of Chairman, Vice Chairman,	Director, or Officer.
If Directors or Officers have not been sel	
If Florida General Partnership or Lim Signature of one General Partner.	ited Liability Partnership:
If Florida Limited Partnership or Lim Signatures of ALL General Partners.	ited Liability Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Certificate of Conversion:	\$25.00

Page 2 of 2

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

# ARTICLES OF ORGANIZATION OF J-QUAD, L.L.C.

## ARTICLE I - NAME

The name of this Limited Liability Company is J-QUAD, LLC.

## ARTICLE II - PRINCIPAL OFFICE

The principal place of business/mailing address is 10563 S. W. Cam Run, Port St. Lucie, FL 34987.

## ARTICLE III - REGISTERED AGENT

The name and address of the Registered Agent is John Houtrides, 3122 S. E. Dixie Highway, Stuart, FL. 34997.

# <u> ARTICLE IV - MANAGER/MANAGING MEMBER</u>

The names and addresses of the Manager and Managing Members follows: Josephine Houtrides, MGR-10563 S. W. Cam Run, Port St. Lucie, FL 34987 John Houtrides, MGRM-3122 S. E. Dixie Highway, Stuart, FL 34997

ARTICLE V - DATE OF ORGANIZATION	$\mathfrak{F}$	
The effective date of this limited liability compar	y is January <b>5</b> , 2009.	
John Hutads	12/30/20	<u> 209</u>
Signature of Registered Agent	Date	•

As the Registered Agent of this Limited Liability Company, I am familiar with and accept the obligations of the position.

Signature of Registered Agent

SECRETARY OF STATE
OIVISION OF CORPORATIONS