LB9000007436

, (Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

G. MCLEOD

JAN 23 2009

EXAMINER



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SECRETARY OF STATE ON OF STATE OF STATE

38-1724

COVER LETTER

TO: Registration Section Division of Corporations

Tallahassee, FL 32301

SUBJECT: OS Capital, LLC (d/b/a IDealerSafe/IDocumentSafe/IDoctorSafe

(Name of Resulting Florida Limited Company)

The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to 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:

Steve M. Andrews			
	(Contact Person)		
OS Capital, LLC (d/b/a	a as IDealerSafe, IDocur	nentSafe, IDentalSafe ar	nd IDoctorSafe)
	(Firm/Company)		
1311 Oxbridge Dr.			
	(Address)		
Lutz, FL 33549			
(City, State and Zip Code)		
For further informati	on concerning this ma	tter, please call:	
Steve M. Andrews		_at (_678) 772-	-4518
(Name of Conta	act Person)	(Area Code and Da	aytime Telephone Number)
Enclosed is a check to	for the following amou	int:	
\$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 ADDRES	S:	MAILING A	ADDRESS:
Registration Section		Registration S	
Division of Corporat	ions	Division of C	-
Clifton Building	~· ·	P. O. Box 632	
2661 Executive Cent	er Circle	Tallahassee 1	FL 32314

Certificate of Conversion

09 JAN 22 AMII: 07

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" immediately prior to the filing of this Certificate of Conversion is:
OS CAPITAL LLC
OS CAPETAL LLC (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limiten Liberty 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 <u>CFOCOTY</u> (Enter state, or if a non-U.S. entity, the name of the country)
on 5/4/2006. (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:
OS CAPITAL GRAP, LLL (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: <u>1FEB 2609</u> . (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 day of	20 <u>69</u> .
Signature of Member or Authorized Representa	tive of Limited Liability Company:
Signature of Member or Authorized Representative Printed Name: STEVE M ANDILEWS	Title: MGAM
Signature(s) on behalf of Other Business Entity:	See below for required signature(s).]
Signature: Atto M Andre	
Printed Name: STEVE IN ANDLEWS	Title: mam
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature	
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 Inc	
TOTAL CONTRACTOR OF THE STATE O	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	tv Partnership:
_	
If Florida Limited Partnership or Limited Liability 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:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Comp	any is:
(Must end with the words "Limited Liability Company "LLC.")	the abbreviation "L.L.C.," or the designation
ARTICLE II - Address: The mailing address and street address of Liability Company is:	f the principal office of the Limited
Principal Office Address:	Mailing Address:
1311 OXBRIOVE OR LUTZ, FC 33549	13 11 0 XBREDITE ON LUTZ, F. L 33549
ARTICLE III - Registered Agent, Reg Signature: (The Limited Liability Company cannot serve as its ovindividual or another business entity with an active Florida registration.)	
The name and the Florida street address	of the registered agent are:
1311 OF BRAGO	Name DIE DIE S (P.O. Box NOT acceptable)
LUTZ Cit	- 9 FL 33 549 y, 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:

"MGR" = Manager	
"MGRM" = Managing Member	
<u> MGAM</u>	STEVE M ANDREWS
	1311 OYBRIDGE DIL
	LUTZ , FL 33549
•	
	·
,	
	(Use attachment if necessary)
CLE V: Effective date if other than the	date of filing: (OPTIONAL)
DEE '' Encoure dute, it outer than the	
	(OPTIONAL)
effective date: 1) cannot be prior to r	oor more than 90 days after the date this
effective date: 1) cannot be prior to reneficial department is filed by the Florida Department fective date listed in the attached C	nor more than 90 days after the date this nt of State; AND 2) must be the same as
effective date: 1) cannot be prior to refer is filed by the Florida Departme	nor more than 90 days after the date this nt of State; AND 2) must be the same as
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\$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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