# L09000013469

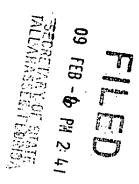
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
£ 190090016		





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02/06/09--01022--014 \*\*155.00



S. HAWKES
FEB 0 9 2009
EXAMINER

# **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: ProcSional (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:			
Pridgette Norton (Contact Person)				
Vortex professional	-11 <del>2 (2</del>			
(Firm/Company) 3441 NE 11th Pl				
(Address)				
Cape Coral Fl. 33909 (City, State and Zip Code)				
(City, State and Zip Code)				
For further information concerning this matter, p	olease call:			
(Name of Contact Person) at (	239 ) 728-1697 (Area Code and Daytime Telephone Number)			
Enclosed is a check for the following amount:				
	180.00 Filing Fees Certified Copy Certified Copy, and Certificate of Status			
STREET ADDRESS: Registration Section	MAILING ADDRESS: 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 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.

Signed this 3 day of February	20 <u>C9</u> .				
Signature of Member or Authorized Representative of Limited Liability Company:					
Signature of Member or Authorized Representative Printed Name: Bridgette November 1	:: Budgette Nauton Title: President	- -			
Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]					
Signature: Thomas Moven	Title: Officer	-			
	•				
Signature:Printed Name:	Title:	- -			
Signature:Printed Name:	Title:	<del>-</del>			
Signature:Printed Name:	_ Title:	-9			
Signature: Printed Name:	Title:				
Signature:Printed Name:		P III			
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: 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 Liabil	lity Company is		
	sional 1.	L.C.	
(Must end with the words "Limited Liabil "LLC.")		bbreviation "L.L.C.," or the designation	on
ARTICLE II - Address: The mailing address and street a Liability Company is:	address of the p	rincipal office of the Limited	d 09
Principal Office Address:		Mailing Address:	
3441 NE 11th PL Cape Coral FL.	33909	Cape Coral FL	3349
ARTICLE III - Registered Ag Signature: (The Limited Liability Company cannot so individual or another business entity with an active Florida reg	erve as its own Regis		nt's
The name and the Florida street	gette N	orton	
3441 Florida stre	Name NE 1140 pet address (P.O.	e V ( . . Box <u>NOT</u> acceptable)	
Cape	Coral	FL 33909	
	City, Stat	e, 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

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGEM	Bridgette Norton 3441 NE 11th Pl. Cape Coral F1.33909
MGRM	Thomas March 3441NE 11th Pl., Corpe Corcel Fl. 33909
	99 70 70 70 70 70 70 70 70 70 70 70 70 70
	(Use attachment if necessary)
ARTICLE V: Effective date, if other than the of the effective date: 1) cannot be prior to not document is filed by the Florida Departmenthe effective date listed in the attached Ce date is listed therein.)	(OPTIONAL) or more than 90 days after the date this at of State; <u>AND</u> 2) must be the same as
REQUIRED SIGNATURE:  Signature of a glember or an author	horized representative of a member.
of this document constitutes an affi that the facts stat	08(3), Florida Statutes, the execution irmation under the penalties of perjury ted herein are true.)
Bridgette Norton Typed or printe	ed name of signee
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)

Page 2 of 2