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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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01/20/09--01035--004 **35.00

02/11/09--01004--001 **115.00

DIVISION OF CORPORATIONS

09 FEB 10 AM 8: 32

W09-4268

J. BRYAN

FEB 1 1 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 28, 2009

CHARLES E WILLETT COASTLINE PAINTING PROFESSIONALS 6100 PINE SAP AVE GRANT, FL 32949

SUBJECT: COASTLINE PAINTING PROFESSIONALS LLC

Ref. Number: W09000004268

We have received your document for COASTLINE PAINTING PROFESSIONALS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$115.00.

You completed the wrong form,

We are enclosing the proper form(s) with instructions for your convenience.

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.

Please return 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) 245-6043.

Letter Number: 009A00003090

Joey Bryan Regulatory Specialist II O9FEB 10 AM 8: 32

COVER LETTER

| TO: Registration Division of C | | | | |
|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------|---------------|
| | tline Painting Pro | fessionals LLC g Florida Limited Company | ······································ | L |
| | usiness Entity" into a ' | | , and fees are submitted t lity Company" in | ίO |
| Please return all corr | respondence concernin | g this matter to: | | |
| · | Charles E Willett | | | ~ |
| | (Contact Person) | | , | 36 |
| Coastlin | e Painting Professionals | LLC | | B |
| | (Firm/Company) | | | |
| 6. | 100 Pine Sap Ave | | | <u>ب</u> |
| | (Address) | | | DG FEB ID KIT |
| | Grant, FL 32949 | | | , |
| (1 | City, State and Zip Code) | | | |
| For further informati | on concerning this ma | tter, please call: | , | |
| Charles Willett | | at (7.72) 473- | 4410 | |
| (Name of Conta | ect Person) | (Area Code and D | aytime Telephone Number) | |
| Enclosed is a check f | or 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 ADDRESS Registration Section Division of Corporati Clifton Building 2661 Executive Center | ons er Circle | MAILING A Registration Division of O P. O. Box 63 Tallahassee, | Section Corporations 27 | |

Certificate of Conversion For "Other Business Entity"

Florida Limited Liability Company

Into

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: Professionals INC #P0400058452 (Enter Name of Other Business Entity) Coastline Painting Professionals INC 2. The "Other Business Entity" is a S 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) (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: 4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Coastline Painting Professionals LLC (Enter Name of Florida Limited Liability Company) 5. If not effective on the date of filing, enter the effective date: date of filing (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 4 day of February | 20 <u>09</u> |
|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| Signature of Member or Authorized Representa | ative of Limited Liability Company |
| Signature of Member or Authorized Representative Printed Name: Charles E Willett | e: Z // // // Title: MGR |
| Signature(s) on behalf of Other Business Entity: | [See below for required signature(s).] |
| Signature: | Title: |
| | |
| Signature: Printed Name: | Title |
| Signature: | Title: |
| Printed Name: | Title: |
| Signature:Printed Name: | |
| Printed Name: | · · · · · · · · · · · · · · · · · · · |
| Signature:Printed Name: | |
| Signature: | |
| Printed Name: | Title: |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc. | |
| If Florida General Partnership or Limited Liabili Signature of one General Partner. | <u>ty Partnership:</u> |
| If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners. | ty Limited Partnership: |
| 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 Company is: | | |
| Coastline Painting Professionals L | .LC | <u>.</u> |
| (Must end with the words "Limited Liability Company," the abl "LLC.") | previation "L.L.C.," or the designation | 1 09 EEB 10 |
| ARTICLE II - Address: | | loo 1 |
| The mailing address and street address of the pr Liability Company is: | incipal office of the Limited | 10 星 |
| Principal Office Address: | Mailing Address: | ن ئ |
| 6100 Pine Sap Ave | 6100 Pine Sap Ave | t |
| Grant, FL 32949 | Grant, FL 32949 | |
| | | _ |
| ARTICLE III - Registered Agent, Registered | Office, & Registered Agent | t's |
| Signature: (The Limited Liability Company cannot serve as its own Registe individual or another business entity with an active Florida registration.) | ered Agent. You must designate an | |
| The name and the Florida street address of the re | egistered agent are: | |

| Charles E Willett | |
|--------------------|--------------------------------|
| | Name |
| 6100 Pine Sap Av | /e |
| Florida street add | ress (P.O. Box NOT acceptable) |
| Grant | FL 32949 |
| | 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

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:

| Charles E Willett 100 Pine Sap Ave Grant. FL 32949 Orange Oran |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Use attachment if necessary) of filing: (OPTIONAL) ore than 90 days after the date this |
| Use attachment if necessary) of filing: (OPTIONAL) ore than 90 days after the date this |
| Use attachment if necessary) of filing: (OPTIONAL) ore than 90 days after the date this |
| (OPTIONAL) ore than 90 days after the date this |
| State; AND 2) must be the same as cate of Conversion, if an effective |
| |
| ed representative of a member. |
| , Florida Statutes, the execution on under the penalties of perjury erein are true.) |
| me of signee |
|) ti |

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