# L09000002054

	(Requestor's Name)
,	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status

Special Instructions to Filing Officer:

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MAR. - 9 2009

**EXAMINER** 

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FILED

#### **COVER LETTER**

**Registration Section** 

2661 Executive Center Circle

Tallahassee, FL 32301

TO:

**Division of Corporations** SUBJECT: ROCKS FINANCIAL GROUP, LLC + (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: TRACY COTTLE (Contact Person) A1A INCORPORATION SERVICES (Firm/Company) 2761 VISTA PARKWAY, SUITE E4 (Address) WEST PALM BEACH, FLORIDA 33411 (City, State and Zip Code) For further information concerning this matter, please call: ) 494-3124 TRACY COTTLE (Name of Contact Person) (Area Code and Daytime Telephone Number) Enclosed is a check for the following amount: \$180.00 Filing Fees **☑** \$150.00 Filing Fees \$155.00 Filing Fees ■\$185.00 Filing Fees, (\$25 for Conversion and Certificate of and Certified Copy Certified Copy, and & \$125 for Articles Status Certificate of Status of Organization) STREET ADDRESS: **MAILING ADDRESS: Registration Section** Registration Section Division of Corporations **Division of Corporations** Clifton Building P. O. Box 6327

Tallahassee, FL 32314

### 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.

The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:  ROCKS FINANCIAL GROUP, INC.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a 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)
on 10/31/2006 (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:
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
ROCKS FINANCIAL GROUP, LLC
(Enter Name of Florida Limited Liability Company)
5. If not effective on the date of filing, enter the effective date:  (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.)

Page 1 of 2

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Signed this 6TH	day of FEBRUARY	
Signature of Mem	ber or Authorized Repres	entative of Limited Liability Company:
Signature of Members	er or Authorized Representa	ative:
Printed Name: RANI	DOLPH C ROCKS	Title: MANAGING MEMBER
Signature(s) on beh	alf of Other Business Entit	ty: [See below for required signature(s).]
Signature:	001	
Printed Name: RANI	DOLPH C ROCKS	Title: PRESIDENT
Signature:	nothy D. Rock	<u> </u>
Printed Name: DOR	OTHY J ROCKS	Title: VICE PRESIDENT
61		
		Title:
Timed Ivame.		1100.
Signature:		
Printed Name:		Title:
Signature		
Printed Name:		Title:
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Signature:		
Printed Name:	***************************************	Title:
ICEL LI - C	<b></b> .	·
If Florida Corporat	<del>ทอก:</del> an, Vice Chairman, Director.	or Officer
	ers have not been selected, a	
If Directors of Office	ers have not been selected, an	ii incorporator must sign.
If Florida General	Partnership or Limited Lia	bility Partnership:
Signature of one Ger		
		bility Limited Partnership:
Signatures of ALL (	jeneral Partners.	
All others:		
Signature of an author	orized person.	
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#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

#### ROCKS FINANCIAL GROUP, LLC

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(Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC.")

#### **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

#### **Principal Office Address:**

#### **Mailing Address:**

38 NE ALICE AVENUE	 38 NE ALICE AVENUE
JENSEN BEACH, FLORIDA	 JENSEN BEACH, FLORIDA
34957	34957

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another

business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

RANDOLPH C ROCKS	
N	lame
38 NE ALICE AVENUE	
Florida street address (I	P.O. Box <b>NOT</b> acceptable)
JENSEN BEACH	FL 34957
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 provided agent as provided for in

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2 09 MAR -6 AM 8: 4

**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	•
MGRM	RANDOLPH C ROCKS
	38 NE ALICE AVENUE
	JENSEN BEACH, FLORIDA 34957
	***************************************
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LE V: Effective date, if other than	
fective date: 1) cannot be prior ent is filed by the Florida Depart ctive date listed in the attached isted therein.)	
Sective date: 1) cannot be prior nt is filed by the Florida Depart ctive date listed in the attached isted therein.)  REQUIRED SIGNATURE:	to nor more than 90 days after the date thi tment of State; AND 2) must be the same a d Certificate of Conversion, if an effective
fective date: 1) cannot be prior ent is filed by the Florida Depart ective date listed in the attached isted therein.)  REQUIRED SIGNATURE:	the date of filing: (OPTIONAL) to nor more than 90 days after the date thi tment of State; <u>AND</u> 2) must be the same a
ent is filed by the Florida Departs ective date listed in the attached listed therein.)  REQUIRED SIGNATURE:  Signature of a member or an  (In accordance with section 6 of this document constitutes ar	to nor more than 90 days after the date thi tment of State; AND 2) must be the same a d Certificate of Conversion, if an effective
fective date: 1) cannot be prior ent is filed by the Florida Depart ective date listed in the attached listed therein.)  REQUIRED SIGNATURE:  Signature of a member or an of this document constitutes ar	(OPTIONAL)  to nor more than 90 days after the date this timent of State; AND 2) must be the same as different conversion, if an effective authorized representative of a member.  08.408(3), Florida Statutes, the execution affirmation under the penalties of perjury