L09000034033

(Requestor's Name)			
(Address)			
,			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Codified Conice Codification of Status			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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Office Use Only



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SECRETARY OF STATE
ALL AHASSEE, FLORIDA

W09-13866

J. BRYAN

APR - 8 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 24, 2009

ADA E. SHEPARD 860 BAILEY STREET BOCA RATON, FL 33487

SUBJECT: TIPI AND MAX LLC Ref. Number: W09000013866



We have received your document for TIPI AND MAX LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 608.4403, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by a member or an authorized representative of a member. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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.

Joey Bryan Regulatory Specialist II

Letter Number: 209A00009958

COVER LETTER

TO: Registration : Division of C			
SUBJECT: Tipi	. Max LLC (Name of Resulting	Plorida Limited Compa	ny)
The enclosed Certificonvert an "Other Be accordance with s. 66	isiness Entity" into a '	rticles of Organizatio 'Florida Limited Liab	n, and fees are submitted to pility Company" in
Please return all corr	espondence concernin	g this matter to:	OS APR
Ada E. Shepard			
	(Contact Person)		ATT P I
	(Firm/Company)		1.53 France
860 Bailey Street			記記 w
	(Address)		₹
	City, State and Zip Code)		
For further information	on concerning this ma	tter, please call:	
Ada E. Shepard	at Banasa	\	9-2329
(Name of Conta	or the following amou		Daytime Telephone Number)
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$155.00 Filing Peca 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 Corporate Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ions er Circle	Registration	Corporations 327

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.

Certificate of Conversion is:	#P07000131246			
(Enter Name of Other Business Entity)				
	oration, limited partnership, sole proprietorship, common law or business trust, etc.)			
first organized, formed or incorporated	under the laws of Florida			
	-U.S. entity, the name of the country)			
•	siness Entity" was changed, the state or country nized, formed or incorporated:			
4. The name of the Florida Limited Li Articles of Organization:	iability Company as set forth in the attached			
Tipl . Max LLC				
(Enter Name of Flo	orida Limited Liability Company)			
document is filed by the Florida Der	, enter the effective date: ior to nor more than 90 days after the date this partment of State; <u>AND</u> 2) must be the same as the Articles of Organization, if an effective date is			

Signed this 17th day of March	20_09
Signature of Member or Authorized Represent	ative of Limited Liability Company:
Signature of Member or Authorized Representativ Printed Name: Ada E. Shepard	e: Title: President and Chalman
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s).]
Signature: X Printed Name: A Sheepen	Title: fregilist & Charman
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature: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.	Officer.
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Tipi 💺 Ma	Limited Liability Compose x LLC	" the abbreviation "L.L.C.," or the designation	
ARTICLE II - A The mailing addre Liability Compan	ess and street address of	the principal office of the Limited	
Principal Office	Address:	Mailing Address:	
860 Balley Street Boca Raton, FL 33		860 Balley Street Boca Raton, FL 33487	
Signature: (The Limited Liability (individual or another business entity with an	Company cannot serve as its ow a settive Florida registration.)	n Registered Agent. You must designate an-	The state of the s
	880 Bailey Street	Name	
		(P.O. Box NOT acceptable)	
	Boca Raton	FL 33487	
	City	, State, and Zip	
above stated lims hereby accep capacity. I furth the proper and	ited liability company at He the appointment as reg Her agree to comply with complete performance o	and to accept service of process for the the place designated in this certificate, I stered agent and agree to act in this the provisions of all statutes relating to f my duties, and I am familiar with and as registered agent as provided for in 08, 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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Mcmber	Name and Address:
Manager	Ada E. Shepard 860 Bailey Street Boca Raton, FL 33487
	S C
	(Use attachment if necessary)
ARTICLE V: Effective date, if other than the (The effective date: 1) cannot be prior to a document in filed by the Florida Department the effective date listed in the attached Co	(OPTIONAL) or more than 90 days after the date this at of State; AND 2) must be the same as
date is listed therein.) REOUIRED SIGNATURE: Signature of a member or an aut	horized representative of a member.
of this document constitutes an aff	08/3), Florida Statutes, the execution immation under the penalties of perjury ted herein are true.)
Ade E. Shepard Typed or print	ted 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