09000034493

(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:					

Office Use Only



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O9 APR -8 PM 1: 03
SECRETARY OF STATE
ALL AHASSEF, FLORID

J. BRYAN

APR - 9 2009

EXAMINER

COVER LETTER

TO: Registration Section

Division of C	orporations					
SUBJECT: Deve	lopers Capital, L. (Name of Resulting		Limited C	Company)		_
	eate of Conversion, Ar siness Entity" into a " 08.439, F.S.					
Please return all corre	espondence concernin	g this i	matter to	:		
Timothy Hearn						Se o
	(Contact Person)					
Developers Capi	ital I I C					一 注部 元
BOTOIOPOIO GUP	(Firm/Company)				14	SE I
	_					HASSE AN
3767 NW 23rd Dr. # 21						OF STATE, FLORE
	(Address)					- S
Gainesville, FL 32605						
	City, State and Zip Code)					> .
·	•					
For further information	on concerning this ma	tter, pl	ease call	•		
Timothy Hearn		at (678) 369-6	5569	
(Name of Conta	ct Person)		(Area Coo	de and Da	ytime Telephone l	Number)
Enclosed is a check f	or the following amou	ınt:				
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	■ \$155.00 Filing Fees and Certificate of Status		80.00 Filin Certified Co		\$185.00 Filing Certified Copy, Certificate of Sta	and
STREET ADDRESS	S:		MAII	LING A	DDRESS:	
Registration Section		Registration Section				
Division of Corporations			Division of Corporations			
Clifton Building		P. O. Box 6327				
2661 Executive Cent	er Circle		Tallal	hassee, F	FL 32314	
Tallahassee, FL 3230	01					

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.

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:
Developers Capital, L.L.C.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Company
(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 Georgia
(Enter state, or if a non-U.S. entity, the name of the country)
on May 8th, 2008
(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:
NA
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Developers Capital, L.L.C.
(Enter Name of Florida Limited Liability Company)
5. If not effective on the date of filing, enter the effective date: NA
(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

Signed this 30th day of Marc	<u>h</u> 2	20_09		
Signature of Member or Author	ized Representativ	e of Limited Liability Compan	ıv:	
Signature of Member or Authorize Printed Name: Timothy Hearn	d Representative:T	Timothy Hearn, MEMBER Title: Member		
Signature(s) on behalf of Other Bo	usiness Entity: See	e below for required signature(s).]	
Signature: Timothy Hearn	MEMBER			
Printed Name: Timothy Hearn	Т	Fitle: Member		
Signature:				
Printed Name:	ТТ	Title:		
Signature:				
Printed Name:	Т	Title:		
Signature: Printed Name:				
Printed Name:	T	Title:		
Signature:Printed Name:		D4		
Printed Name:		little:		
Signature:Printed Name:				
Printed Name:	Т	Fitle:	109 t	
If Florida Corporation:		H A	APR YRETA	4 1
Signature of Chairman, Vice Chairn If Directors or Officers have not bee			· 8	-
	•	• •	유 문	
If Florida General Partnership or Signature of one General Partner.	<u>Limited Liability F</u>	Partnership: 08.07	1: 03°	- Same
	* * * * * * * * * * * * * * * * * * * *	And the second s	က် ယူ	
If Florida Limited Partnership or Signatures of ALL General Partners		limited Partnership:		
All others:				
Signature of an authorized person.				
Fees:				
Certificate of Conversion: Fees for Florida Articles of Certified Copy: Certificate of Status:	Organization: \$	25.00 125.00 30.00 (Optional) 5.00 (Optional)		

Page 2 of 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Developers	Capital, L.L.C.		
		ny," the abbreviation "L.L.C.," or the designation	
ARTICLE II - A	ddress:		
		of the principal office of the Limited	
Liability Compan	y is:		
Principal Office	Address:	Mailing Address:	
3767 NW 23rd Dr. #212		Same	_
Gainesville, FL 326	05		_
			-
ARTICLE III - E	Registered Agent Re	gistered Office, & Registered Agent's	,
	registered Agent, Re	gistered Office, & Registered Agent's	•
Signature: The Limited Liebility C	Ommony connot compo as its	own Registered Agent. You must designate an	
rne Limited Liability C ndividual or another	company cannot serve as its o	own Registered Agent. You must designate an	
business chiny with an	active Florida registration.)		
	active Florida registration.)		
		of the registered agent are:	
	Florida street address	s of the registered agent are:	09,
		NECRE ALCAR	09 API
	Florida street address Timothy Hearn	Name AAR	APR
	Florida street address Timothy Hearn 3767 NW 23rd Dr. #	Name ASS: # 212 SS	09 APR -8
	Florida street address Timothy Hearn 3767 NW 23rd Dr. #	Name AASS	APR-8
	Florida street address Timothy Hearn 3767 NW 23rd Dr. #	Name ASS: # 212 SS	APR-8 PH
	Timothy Hearn 3767 NW 23rd Dr. # Florida street addre Gainesville,	Name # 212 SS (P.O. Box NOT acceptable) FL 32605	APR-8
	Timothy Hearn 3767 NW 23rd Dr. # Florida street addre Gainesville,	Name # 212 ss (P.O. Box NOT acceptable) FL 32605	APR -8 PH 1:
The name and the	Florida street address Timothy Hearn 3767 NW 23rd Dr. # Florida street addre Gainesville, Ci	Name # 212 ss (P.O. Box NOT acceptable) FL 32605 ity, State, and Zip	APR-8 PH 1:03
The name and the Having been na	Florida street address Timothy Hearn 3767 NW 23rd Dr. # Florida street addre Gainesville, Ci med as registered agen	Name # 212 ss (P.O. Box NOT acceptable) FL 32605 ity, State, and Zip mt and to accept service of process for the	APR-8 PH 1: 03
The name and the Having been natabove stated limi	Florida street address Timothy Hearn 3767 NW 23rd Dr. 4 Florida street addre Gainesville, Ci med as registered agentited liability company of	Name # 212 SS (P.O. Box NOT acceptable) FL 32605 ity, State, and Zip out and to accept service of process for the place designated in this certificate,	APR-8 PH 1: 03
The name and the Having been nate above stated limit hereby accept	Florida street address Timothy Hearn 3767 NW 23rd Dr. 4 Florida street addre Gainesville, Ci med as registered agented liability company of the appointment as re	Name # 212 ss (P.O. Box NOT acceptable) FL 32605 ity, State, and Zip Int and to accept service of process for the place designated in this certificate, agistered agent and agree to act in this	APR -8 PH 1: 03
The name and the Having been nate above stated limit hereby accept capacity. I furth	Florida street address Timothy Hearn 3767 NW 23rd Dr. 4 Florida street addre Gainesville, Ci med as registered agented liability company of the appointment as refer agree to comply with	Name # 212 ss (P.O. Box NOT acceptable) FL 32605 ity, State, and Zip it and to accept service of process for the at the place designated in this certificate, egistered agent and agree to act in this th the provisions of all statutes relating to	APR -8 PH 1: 03
Having been nat above stated limi hereby accept capacity. I furth the proper and d	Florida street address Timothy Hearn 3767 NW 23rd Dr. # Florida street addre Gainesville, Ci med as registered agented liability company of the appointment as refer agree to comply with complete performance	Name # 212 ss (P.O. Box NOT acceptable) FL 32605 ity, State, and Zip Int and to accept service of process for the place designated in this certificate, egistered agent and agree to act in this th the provisions of all statutes relating to of my duties, and I am familiar with and	APR -8 PH 1: 03
Having been nat above stated limi hereby accept capacity. I furth the proper and d	Florida street address Timothy Hearn 3767 NW 23rd Dr. 4 Florida street addre Gainesville, Ci med as registered agentied liability company of the appointment as refer agree to comply with complete performance (ligations of my position)	Name # 212 ss (P.O. Box NOT acceptable) FL 32605 ity, State, and Zip int and to accept service of process for the at the place designated in this certificate, egistered agent and agree to act in this the provisions of all statutes relating to of my duties, and I am familiar with and a as registered agent as provided for in	APR -8 PH 1: 03
Having been nat above stated limi hereby accept capacity. I furth the proper and d	Florida street address Timothy Hearn 3767 NW 23rd Dr. 4 Florida street addre Gainesville, Ci med as registered agentied liability company of the appointment as refer agree to comply with complete performance (ligations of my position)	Name # 212 ss (P.O. Box NOT acceptable) FL 32605 ity, State, and Zip Int and to accept service of process for the place designated in this certificate, egistered agent and agree to act in this th the provisions of all statutes relating to of my duties, and I am familiar with and	APR -8 PH 1: 03
Having been nat above stated limi hereby accept capacity. I furth the proper and d	Florida street address Timothy Hearn 3767 NW 23rd Dr. 4 Florida street addre Gainesville, Ci med as registered agentied liability company of the appointment as refer agree to comply with complete performance (ligations of my position)	Name # 212 ss (P.O. Box NOT acceptable) FL 32605 ity, State, and Zip int and to accept service of process for the at the place designated in this certificate, egistered agent and agree to act in this the provisions of all statutes relating to of my duties, and I am familiar with and a as registered agent as provided for in	APR -8 PH 1: 03

(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:	
Managing Member	Timothy Hearn 3767 NW 23rd Dr, #212 Gainesville, FL 32605	
xxxxxxxx	xxxxxxxxxxx	
xxxxxxxxx	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9 APR
xxxxxxxxxxx	XXXXXXXXX	S H C
TICLE V: Effective date, if other than the effective date: 1) cannot be prior to ument is filed by the Florida Department of the effective date listed in the attached (e is listed therein.)	(OPTIONAL) nor more than 90 days after the da ent of State; <u>AND</u> 2) must be the sa	me as
REQUIRED SIGNATURE: Limothy Hearn, Menn. Signature of a member or an au	<u> ೬೯೪</u> thorized representative of a memb	 er.
(In accordance with section 608. of this document constitutes an af	408(3), Florida Statutes, the execution firmation under the penalties of perjusted herein are true.)	n
Timothy Hearn, Member Typed or prir	nted 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