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

Office Use Only

G. MCLEOD APR 1.5 2009 **EXAMINER** 



800148214278

04/01/09--01024--009 \*\*155.00

### COVER LETTER

TO:

Registration Section

Division of C	Corporations		
SUBJECT: BROV	WARD DOOR C		
	(Name of Resulting	; Florida Limited Company	<i>(</i> )
	isiness Entity" into a '		, and fees are submitted to lity Company" in
Please return all corr	espondence concernin	g this matter to:	
MORRIS GIRNUN		,	
	(Contact Person)		
	(Firm/Company)		
P.O.BOX 5032			
	(Address)		
DEERFIELD BEACH F	L. 33442		
((	City, State and Zip Code)		
For further informati	on concerning this ma	tter, please call:	
M GIRNUN		at ( 954 ) 574	-0081
(Name of Conta	et Person)		aytime Telephone Number)
Enclosed is a check f	for 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	S:	MAILING A	
Registration Section Division of Corporati	ione	Registration	
Clifton Building	ions	Division of C P. O. Box 63	
2661 Executive Cent	er Circle	Tallahassee,	
Tallahassee, FL 323			<del></del> ·

OP APR 14 AMII: 45

## <u>Certificate of Conversion</u>

For

# "Other Business Entity"

Into

#### Florida Limited Liability Company

This Certificate of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.

BRO	of Conversion is:  WARD DOOR CLOSURE INC
	(Enter Name of Other Business Entity)
	her Business Entity" is a CORPORATION
(Enter en	tity type. Example: corporation, limited partnership, sole proprietorship,
	general partnership, common law or business trust, etc.)
first organiz	zed, formed or incorporated under the laws of FLORIDA
	(Enter state, or if a non-U.S. entity, the name of the country)
on APRIL 2	3RD 1996 .
(Enter d	ate "Other Business Entity" was first organized, formed or incorporated)
	risdiction of the "Other Business Entity" was changed, the state or country aws of which it is now organized. formed or incorporated:
	ne of the Florida Limited Liability Company as set forth in the attached Organization:
AI UCICS UI	DOOR CLOSURE II C
	DOOR CLOSURE LLC
	(Enter Name of Florida Limited Liability Company)
BROWARD	***************************************

Signed this 30TH day of MARCH	20 09
Signature of Member or Authorized Representa	tive of Limited Liability Company:
Signature of Member or Authorized Representative Printed Name: <u>H WELBORN</u>	:: Herelban Title: MGR
Signature(s) on behalf of Other Business Entity:	See below for required signature(s).
Signature: H-Wel Bow	
Printed Name: H-Wel Bo Com	Title: TROYL
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature: Printed Name:	
Printed Name:	Title:
Hf Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of the Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabili Signature of one Gen ral 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: 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:	
BROWARD DOOR CLOSURE LL	
(Must end with the words "Limited Liability Company." the abi "L.E.C.")	breviation "L.L.C.," or the designation
ARTICLE II - Address:	
The mailing address and street address of the pr	incipal office of the Limited
Liability Company is:	
Principal Office Address:	Mailing Address:
1729 N POWERLINE ROAD	1729 N POWERLINE ROAD
POMPANO BEACH #	POMPANO BEACH
FL. 33069	FL. 33069
individual or another business entity with an active Florida registration.)  The name and the Florida street address of the r  HUGH WELBORN	registered agent are:
Name	3
1729 N POWERLINE ROAD	)
Florida street address (P.O.	Box NOT acceptable)
POMPANO BEACH	FL 33069
City, State	e, and Zip
Having been named as registered agent and to above stated limited liability company at the plane hereby accept the appointment as registered capacity. I further agree to comply with the proper and complete performance of my daccept the obligations of my position as regional capacity. Chapter 608, F.	ace designated in this certificate, I d agent and agree to act in this vovisions of all statutes relating to luties, and I am familiar with and istered agent as provided for in

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

#### ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

	Name and Address:
'MGR" = Manager 'MGRM" = Managing Member	
MGR	HUGH WELBORN
	1729 N POWERLINE ROAD
	POMPANO BEACH FL 33069
MGR	BARBARA WELBORN
	1729 N POWERLINE ROAD
	POMPANO BEACH FL 33069
	·
	(Use attachment if necessary)
F V. leffective data if other th	an the data of filings
LE V: Effective date, if other that	an the date of filing:
	(OPTIONAL)
ective date: 1) cannot be priont is filed by the Florida Depa	(OPTIONAL) or to nor more than 90 days after the date this ortment of State; <u>AND</u> 2) must be the same as
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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.90 Certificate of Status (Optional)