L09000041335

(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 29 PH 2: 17
SECRETARY OF STATE
TALLAHASSEE FLORID.

OF APK 29 THE STATE

RECEIVED

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: A. G. Pount & Body (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:			
Regna G. Carres (Contact Person)			
A G Part + Body, (Firm/Company)			
2611 Sprugher Rd. (Address)			
(City, State and Zip Code)			
For further information concerning this matter, please call:			
(Name of Contact Person) at (950) 320-0660 (Area Code and Daytime Telephone Number)			
Enclosed is a check for the following amount:			
\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\			
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P. O. Box 6327 Tallahassee, FL 32314			

Tallahassee, FL 32301

09 APR 29 PH 2: 17 SECRETARY OF STATE TALLAHASSEE FLORIDA

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.

1. The name of the Other Business Entity immediately prior to the fifting of this				
Certificate of Conversion is: 4 Body 609000100492 (Enter Name of Other Business Entity)				
(Enter Name of Other Business Entity)				
2. The "Other Business Entity" is a Sole propried Sole proprietorship, (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				
On O4-29-2009 (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:				
(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.)				

Signed this 29 day of 600	20
Signature of Member or Authorized Represent	ative of Limited Liability Company:
Signature of Member or Authorized Representative Printed Name: REGINA G. GAINES	e: Roomà G. Garres _ Title:
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s).]
Signature: RESUNA G. GAINES Printed Name: REGINA G. GAINES	Title:
Signature: Printed Name:	Title:
Signature: Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature: Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In If Florida General Partnership or Limited Liabili Signature of one General Partner.	corporator must sign.
If Florida Limited Partnership or Limited Liabili 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	ARTICL	E I -	Nam	e
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The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company," the abbreviation "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:

2011 Soughier Rd

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:

Name

Florida street address (P.O. Box NOT acceptable)

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 Chapter 608, 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 Member	Name and Address:
WGRM - Wanaging Weinder	Rogna C. Gaines 2011 Spinisher Rd Taux C. 32305
MGR	Alun L. Gaines 2011 Spinghal Rd- Towar Ci 32305
- 	
	(Use attachment if necessary)
ARTICLE V: Effective date, if other than the da (The effective date: 1) cannot be prior to nor document is filed by the Florida Department the effective date listed in the attached Certalte is listed therein.)	(OPTIONAL) more than 90 days after the date this of State; <u>AND</u> 2) must be the same as
REQUIRED SIGNATURE: Signature of a member or an author	orized representative of a member.
(In accordance with section 608.408 of this document constitutes an affirm that the facts stated CECINA G. CAIN Typed or printed	mation under the penalties of penuty d herein are true.) APR APR
Filing Fees: \$125.00 Filing Fee for Articles of O of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional) Page 2 of	onal)