# L09000041844

(Requestor's Name)
(Address)
(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



300149612023

04/13/09--01023--024 \*\*450.00

2009 APR 30 AM 7: 43

C. LEWIS

May / 2009

EXAMINER

### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: LEDA Design of St. Au (Name of Resulting	g Florida Limited Company)
The enclosed Certificate of Conversion, A convert an "Other Business Entity" into a accordance with s. 608.439, F.S.	rticles of Organization, and fees are submitted to "Florida Limited Liability Company" in
Please return all correspondence concerning	ng this matter to:
Nancy Barnes, Paralegal	
(Contact Person)  Carey, O'Malley, Whitaker & Mueller, P.A.  (Firm/Company)	
712 South Oregon Avenue (Address)	<del></del>
Tampa, FL 33606 (City, State and Zip Code)	
For further information concerning this ma	atter, please call:
Nancy Barnes, Paralegal	at ( 813 ) 250-0577
(Name of Contact Person)	(Area Code and Daytime Telephone Number)
Enclosed is a check for the following amou	unt:
\$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: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



### FLORIDA DEPARTMENT OF STATE Division of Corporations

PR 17 2009

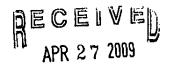
Sarey, O'Mailey, Whitekey & Mueller, P.A.

April 14, 2009

NANCY BARNES CAREY O'MALLEY WHITAKER & MUELLER PA 712 S. OREGON AVE. TAMPA. FL 33606

SUBJECT: LEDA DESIGN OF ST. AUGUSTINE LLC

Ref. Number: W09000017480



Carey, O'Malley, Whitaker & Mueller, P.A.

We have received your document for LEDA DESIGN OF ST. AUGUSTINE LLC and your check(s) totaling \$450.00. 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 the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 409A00012535

FILED

2009 APR 30 AM 7: 43

SECRETARY OF STATE TALLAHASSEE. FLORIDA

## 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.

1. The name of the "Other Business Entity" immediately prior to the filing of this
Certificate of Conversion is:
LEDA Design of St. Augustine, 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 _February 23, 2007
(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:
LEDA Design of St. Augustine LLC .
(Enter Name of Florida Limited Liability Company)

FILED

Signed this day of Api	20 09		- L U
Signature of Member or Autho			) AM 7: 43
Signature of Member or Authoriz Printed Name: <u>Leslie J. Thomas</u>	ed Representative:	SECRETAR MARKET	Y OF STATE Ee.Florida
Signature(s) on behalf of Other			
Signature: Printed Name: Leslie J. Thomas	mu		
Printed Name: Leslie J. Thomas	Title: Pr	esident	
Signature: Printed Name:	Title:		
Signature: Printed Name:	Title:		
Signature:Printed Name:	Tialo		
Signature:Printed Name:	Title:		
Signature:			
Printed Name:	Title:		
If Florida Corporation: Signature of Chairman, Vice Chair If Directors or Officers have not be	man, Director, or Officer. een selected, an Incorporator	must sign.	
If Florida General Partnership of Signature of one General Partner.			
If Florida Limited Partnership of Signatures of ALL General Partnership of ALL	or Limited Liability Limited ers.	l Partnership:	
All others: Signature of an authorized person			
Fees:		••.	
Certificate of Conversion Fees for Florida Articles Certified Copy: Certificate of Status:	of Organization: \$125.00 \$30.00	) (Optional) Optional)	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nat The name of the L	ne: imited Liability Comp	any is:			
LEDA Design (Must end with the word "LLC.")	of St. Augustine L s "Limited Liability Company	LC	breviation "L.L.C.," or the designation	<b>0</b>	
ARTICLE II - Ad The mailing address Liability Company	ss and street address o	f the pr	incipal office of the Limited		
Principal Office A	Address:		Mailing Address:		
32 Cordova Street St. Augustine, FL 3	2084	 0	Same as Principal Office	<del>_</del>	
individual or another business entity with an	active Florida registration.) Florida street address	of the r	ASS	2009 APR 30	FILE
	32 Cordova Street	Name	ית <u>י</u>	早至	
		s (P.O.	Box NOT acceptable)	AN 7: 43	
	St. Augustine, FL 3208		FL F	, —	
	Cit	y, State	e, and Zip		
above stated limit hereby accept capacity. I furth the proper and c	ed liability company a the appointment as reg er agree to comply with complete performance o	t the plogistered h the pr of my d as regi	accept service of process for ace designated in this certifical agent and agree to act in this ovisions of all statutes relating uties, and I am familiar with a stered agent as provided for is.	ate, I s g to and	

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Fitle:</u> "MGR" = Manager "MGRM" = Managing Member	Managing Member(s): Innager or Managing Member is as following APR 30  Name and Address:  TALLAHASSE
MGR	Leslie J. Thomas
	32 Cordova Street
	St. Augustine, FL 32084
<del></del>	
	(OPTIONAL)
nt is filed by the Florida Depart etive date listed in the attached sted therein.)  REQUIRED SIGNATURE:  Signature of a member or an (In accordance with section 66 of this document constitutes and	to nor more than 90 days after the date this timent of State; AND 2) must be the same as difficate of Conversion, if an effective authorized representative of a member.  08.408(3), Florida Statutes, the execution affirmation under the penalties of perjury
ective date: 1) cannot be prior of it is filed by the Florida Depart etive date listed in the attached sted therein.)  REQUIRED SIGNATURE:  Signature of a member or an (In accordance with section 66 of this document constitutes and	(OPTIONAL) to nor more than 90 days after the date this timent of State; AND 2) must be the same as difficate of Conversion, if an effective authorized representative of a member.  08.408(3), Florida Statutes, the execution affirmation under the penalties of perjury is stated herein are true.)
ective date: 1) cannot be prior ent is filed by the Florida Depart etive date listed in the attached sted therein.)  REQUIRED SIGNATURE:  Signature of a member of an (In accordance with section 60 of this document constitutes an that the facts  Andrew M. O'Malley, Authorized	(OPTIONAL) to nor more than 90 days after the date this timent of State; AND 2) must be the same as difficate of Conversion, if an effective authorized representative of a member.  08.408(3), Florida Statutes, the execution affirmation under the penalties of perjury is stated herein are true.)