109000042369

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
<u> </u>
(Business Entity Name)
(Document Number)
Cartified Conies Cartificator of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u> </u>

Office Use Only



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2009 APR 30 PH 2: 59
SECRETARY OF STATE
SECRETARY OF STATE

T. CLINE

MAY - 1 2009

EXAMINER

COVER LETTER

TO: Registration S Division of C				
SUBJECT: Race	Cover-Alls LLC (Name of Resulting	Florida Limited Co	ompany)	<u>.</u> -
	cate of Conversion, Ausiness Entity" into a "08.439, F.S.			
Please return all corr	espondence concernin	g this matter to:		
Mark and April Smith			_	
	(Contact Person)			
Race Cover-Alls LLC				
	(Firm/Company)		=	
2830 Whin Court				
	(Address)		-	- •
Middleburg, FL 32068			_	2009 A SECT TALL
((City, State and Zip Code)		_	超男
	on concerning this ma	•		SECRETARY OF STATE SECRETARY OF STATE Number
April or Mark Smith	=	_at (<u>904</u>	<u>) 406-0819</u>	, O. 7
(Name of Conta	ct Person)	(Area Code	and Daytime	Telephone Number
Enclosed is a check f	or 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 and Certified Cop	y Cert	185.00 Filing Fees, ified Copy, and ificate 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

FILED

Certificate of Conversion 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.

Race Cover-Alls, LLC	·	
(Enter Name of Other Business Entity)		
2. The "Other Business Entity" is a LLC		
(Enter entity type. Example: corporation, limited partnership, sole propri	ietorship,	
general partnership, common law or business trust, etc.)	TA SI	3
first organized, formed or incorporated under the laws of North Carolina	SECRET TALLAH	5 5 7 7 7
(Enter state, or if a non-U.S. entity, the name of the country)	TARY ASSE	٥
on April 20, 2006	mg :	3
(Enter date "Other Business Entity" was first organized, formed or incorp	* * * -	ľ
3. If the jurisdiction of the "Other Business Entity" was changed, the state or counder the laws of which it is now organized, formed or incorporated:	ıntry.	(
Florida	-	
4. The name of the Florida Limited Liability Company as set forth in the attache Articles of Organization:	ed	
Race Cover-Alls LLC		
(Enter Name of Florida Limited Liability Company)		
5. If not effective on the date of filing, enter the effective date: April 20, 2009		
(The effective date: 1) cannot be prior to nor more than 90 days after the dadocument is filed by the Florida Department of State; <u>AND</u> 2) must be the sa effective date listed in the attached Articles of Organization, if an effective dated therein.)	ame as the	•

	T	1	
1		_	; ;;
i		_	_

Signed this 17th day of April	20 <u>09</u>
Signature of Member or Authorized Representa	ative of Limited Liability Company:
Signature of Member or Authorized Representative Printed Name: April D Smith	e: Title! co-owner
Signature(s) on behalf of Other Business Entity:	
Signature: Mark & South	
Printed Name: Mark E Smith	Title: co-owner
Signatura	
Signature: Printed Name:	Title:
Signature: Printed Name:	Title:
Signature: Printed Name:	Title
Trinica Name.	rue
Signature:	<u> </u>
Printed Name:	Title:
Signature:	HETA
Printed Name:	Title:
If Florida Corporation:	E, Fr
Signature of Chairman, Vice Chairman, Director, or	Officer. corporator must sign.
If Directors or Officers have not been selected, an In-	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnershin
Signature of one General Partner.	
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:	\$25.00
Fees for Florida Articles of Organization: Certified Copy:	\$125.00 \$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan The name of the Li	n e: mited Liability Com	pany is:		
Race Cover-/ (Must end with the words "LLC.")		my," the abbreviation "L.L.C.," or the designa	ation	
ARTICLE II - Ad The mailing addres Liability Company	s and street address	of the principal office of the Limit	ted	
Principal Office A	ddress:	Mailing Address:		
Signature: (The Limited Liability Coindividual or another	egistered Agent, Re	2830 Whin Court Middleburg. Florida 3206 egistered Office, & Registered Agent. You must designate as	SECRETARY	
•		s of the registered agent are:	PH 2: 59 OF STATE E. FLORIDA	*****
	April D Smith			
		Name		
	2830 Whin Court			
	Florida street addre	ess (P.O. Box <u>NOT</u> acceptable)		
	Middleburg	FL 32068		
	Ci	ity State and Zin		

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:

Title:	Name and Address:
"MGR" = Manager	Name and Address.
"MGRM" = Managing Member	
MGR	April D Smith
	2830 Whin Court
	MANAGE EL COCCO
	Migaleburg, FL 32068
MGR	Mark E Smith
	2830 Whin Court
	Middleburg, FL 32068
	720
	SEC TALL
	(Use attachment if necessary
	\(\frac{1}{2}\) \(\frac{1}\) \(\frac{1}{2}\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}\) \(\frac{1}2\) \(1
RTICLE V: Effective date, if other than the	e date of filing: April 20, 2009
	(OPTIONAL)
	nor more than 90 days after the leve this
	ent of State; AND 2) must be the sime as 1
	Certificate of Conversion, if an effective
ite is listed therein.)	
REQUIRED SIGNATURE:	
CO O	7 9 4
911	D. Sitt.
Signature of a member or an au	uthorized representative of a member.
(In accordance with section 608.	.408(3), Florida Statutes, the execution

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

April D Smith

Typed or printed 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