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• (Requ	estor's Name	
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(City/s	State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Na	ime)
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(Docu	ment Number	r)
Certified Copies	Certificate	es of Status
Special Instructions to Fil	ing Officer:	

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2009 HAY -4 PH 2: 49
SECRETARY OF STATE

C. LEWIS

MAY - 5 2009

EXAMINER

COVER LETTER

TO:

Registration Section

Division of Corporations	
SUBJECT: Tech-Vest, LL	
(Name of Resulting	Florida Limited Company)
The enclosed Certificate of Conversion, Arconvert 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 concernin	g this matter to:
Alex Rose (Contact Person)	<u>.</u>
Tech-vest, LLC	
220 Bermuda St. (Address)	
(City, State and Zip Code)	780
For further information concerning this ma Alex Rose (Name of Contact Person)	tter, please call: _at (<u>321</u>) <u>383-7352</u> (Area Code and Daytime Telephone Number)
Enclosed is a check 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: 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

2009 MAY -4 PM 2: 49

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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: Tech-Vest, LLC (Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>LLC</u> (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 <u>Delawore</u> (Enter state, or if a non-U.S. entity, the name of the country)
on <u>2/13/75</u> (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:
Tech-Vest, LL C (Enter Name of Florida Limited Liability Company)
(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 24th day of April	_ 20 <u>_ 0 9</u>		
Signature of Member or Authorized Representa			
Signature of Member or Authorized Representative Printed Name: Edward L. Hradesky	e: S. J. Hasse & Title: MASK MGR	M	
Signature(s) on behalf of Other Business Entity:			
Signature: S. F. Heades Ky. Printed Name: Edward L. Hreaks Ky.	MG DK. Title: MARK MGRE	<u></u>	
Signature: Printed Name:			
Signature:Printed Name:			
Signature:Printed Name:	Title:		
Signature:Printed Name:	_ Title:		
Signature: Printed Name:	_ Title:		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Olf Directors or Officers have not been selected, an Inc.		2009 SE TALI	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:	2009 MAY -4 SECRETAR' TALLAHASS	7
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:	PH 2: Y OF STA	EO
All others: Signature of an authorized person.		2: 49 TATE ORIDA	
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:

"LLC.")	Limited Liability Company, the a	observation "E.E.C.," or the designment	gnation	
ARTICLE II - Add The mailing address Liability Company i	and street address of the p	orincipal office of the Lin	nited	
Principal Office Ac	<u>ldress:</u>	Mailing Address:		
Cocoo Beach,	FL 32-931	Coma Beach, F	<u>Avenu</u> e 2. 32.93/	
Signature: (The Limited Liability Corindividual or another business entity with an action The name and the Fig.	lorida street address of the Alex Rose Nam 200 Belmudo Florida street address (P.O. Titusville, City, Sta	registered agent are: ae Box NOT acceptable) FL 32780 te, and Zip	2009 MAY -4 PM 2: 49 SEURETARY OF STATE THELAHASSEE, FLORIDA	FILED
above stated limited hereby accept to capacity. I further the proper and co		lace designated in this cer ed agent and agree to act i provisions of all statutes re duties, and I am familiar v gistered agent as provided	rtificate, I in this elating to with and	
	(CONTINUED)			

Page 1 of 2

ARTICLE IV- Manager(s) or Man		FILED
The name and address of each Manag Title:	ger or Managing Member is a Name and Address:	as follows: 2009 MAY -4 PM 2:
"MGR" = Manager "MGRM" = Managing Member		SECRETARY OF SIA TALLAHASSEE.FLO
MGRM	Edward L. Hrad 124 St. Croix Cocoo Beach, F	esky Avenue L 3293/
	(Use attachment if nece	essary)
CLE V: Effective date, if other than the effective date: 1) cannot be prior to n tent is filed by the Florida Departme fective date listed in the attached C is listed therein.)	(OPTION) nor more than 90 days after ont of State; <u>AND</u> 2) must b	r the date this se the same as
REQUIRED SIGNATURE: Signature of a member or an au	By, Dr	
(In accordance with section 608.9 of this document constitutes an af that the facts sta	408(3), Florida Statutes, the firmation under the penalties ated herein are true.)	execution
Educid L. Hrdosky Typed or prin	ted name of signee	
Filing Fees:		

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)