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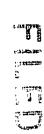
(Red	uestor's Name)	_
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(City	/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(D.,,	iness Entity Name	
(Bus	iness Entity Name	e)
(Doo	ument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to F	iling Officer:	
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Office Use Only



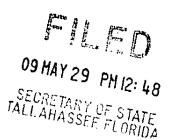
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05/29/09--01021--027 **150.00



COVER LETTER

TO: Registration S Division of C				
SUBJECT: FINIS	H CONCEPTS, L (Name of Resulting		mpany)	
	isiness Entity" into a "	_		and fees are submitted to y Company" in
Please return all corr	espondence concerning	g this matter to:		
Kenneth B. Wheeler, E	Esq.			
	(Contact Person)		-	
Kenneth B. Wheeler, L	L.M. TAX, P.A.			
	(Firm/Company)		-	
1155 Louisiana Avenu	e, Suite 100			
	(Address)		=	
Winter Park, FL 32789				
	City, State and Zip Code)		-	
For further informati	on concerning this ma	tter, please call:		
Kenneth B. Wheeler, 8	Esq.	at (407) 645-17	779
(Name of Conta	ict Person)	(Area Code	and Day	time Telephone Number)
Enclosed is a check f	for the following amou	ınt:		
\$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		\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES	S:	MAIL	ING AI	DDRESS:
Registration Section		_	ation Se	
Division of Corporations Clifton Building Division of Corporations P. O. Box 6327		•		
Clifton Building 2661 Executive Cent	er Circle			/ L 32314
Tallahassee, FL 323			, · ·	 ·



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.

1. The name of the "Other Business Entity" i	mmediately prior to the filing of this
Certificate of Conversion is: FINISH CONCEPTS, INC.	P96-85182
(Enter Name of Ot	her Business Entity)
2. The "Other Business Entity" is a Corporation	on
	n, limited partnership, sole proprietorship, on law or business trust, etc.)
first organized, formed or incorporated under	the laws of Florida
	ntity, the name of the country)
on October 15, 1996	
(Enter date "Other Business Entity" was	first organized, formed or incorporated)
3. If the jurisdiction of the "Other Business E under the laws of which it is now organized, f	
4. The name of the Florida Limited Liability Articles of Organization:	Company as set forth in the attached
FINISH CONCEPTS. LLC	
(Enter Name of Florida L	imited Liability Company)
5. If not effective on the date of filing, enter to (The effective date: 1) cannot be prior to not document is filed by the Florida Department effective date listed in the attached Articles listed therein.)	or more than 90 days after the date this nt of State; <u>AND</u> 2) must be the same as the

Signed this 22th day of May	20_09
Signature of Member or Authorized Represent	ative of Limited Liability Company:
Signature of Member or Authorized Representativ Printed Name: PATRICIA M. WHEELER	e: Dollhed Title: MEMBER
Signature(s) on behalf of Other Business Entity:	
Signature: Om Wheeler Printed Name: PATRICIA M. WHEELER	
Printed Name: PATRICIA M. WHEELER	Title: PRESIDENT
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
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.	ty Partnership:
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

	Limited Liability Comp	any is:
(Must end with the wor "LLC.")	ds "Limited Liability Compan	"," the abbreviation "L.L.C.," or the designation
ARTICLE II - A The mailing addr Liability Compan	ess and street address of	f the principal office of the Limited
Principal Office	Address:	Mailing Address:
500 E. Princeton S	treet	500 E. Princeton Street
Orlando, FL 32803 ARTICLE III - I		500 E. Princeton Street Orlando, FL 32803 istered Office, & Registered Agent's
ARTICLE III - I Signature: (The Limited Liability e individual or another business entity with an	Registered Agent, Reg	Orlando, FL 32803
ARTICLE III - I Signature: (The Limited Liability e individual or another business entity with an	Registered Agent, Reg	Orlando, FL 32803 istered Office, & Registered Agent's vn Registered Agent. You must designate an of the registered agent are:
ARTICLE III - I Signature: (The Limited Liability e individual or another business entity with an	Registered Agent, Registered Agent, Registered Agent, Registration active Florida registration.) Florida street address PATRICIA M. WHEE	istered Office, & Registered Agent's vn Registered Agent. You must designate an of the registered agent are: LER Name
ARTICLE III - I Signature: (The Limited Liability e individual or another business entity with an	Registered Agent, Registered Agent, Registered Agent, Registration active Florida registration.) Florida street address PATRICIA M. WHEE 500 E. Princeton Str	istered Office, & Registered Agent's vn Registered Agent. You must designate an of the registered agent are: LER Name
ARTICLE III - I Signature: (The Limited Liability e individual or another business entity with an	Registered Agent, Registered Agent, Registered Agent, Registration active Florida registration.) Florida street address PATRICIA M. WHEE 500 E. Princeton Str	istered Office, & Registered Agent's vn Registered Agent. You must designate an of the registered agent are: LER Name

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: "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
MGR	PATRICIA M. WHEELER 500 E. Princeton Street Orlando, FL 32803			
	(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the dat (The effective date: 1) cannot be prior to nor document is filed by the Florida Department of the effective date listed in the attached Certidate is listed therein.)	(OPTIONAL) more than 90 days after the of State; <u>AND</u> 2) must be the	date the	as	
REQUIRED SIGNATURE:	4			
Signature of a member or an author (In accordance with section 608.408) of this document constitutes an affirm that the facts stated	(3), Florida Statutes, the execu ation under the penalties of pe	ition		
PATRICIA M. WHEELER Typed or printed	name of signee	SECRI	09 MAY 29	
Filing Fees:		ETARY O		PARTIES STATES
\$125.00 Filing Fee for Articles of Or of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Option		FLORIDA	PM 12: 48	Sal Track

Page 2 of 2