L0900058354

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
_
(Business Entity Name)
(Document Number)
Operations:
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



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SECRETARY OF STATE

W09-27855

J. BRYAN

JUN 17 2009

EXAMINER

COVER LETTER

TO: Registration Section			
Division of Corporations			
SUBJECT: WHITEEYE ENTERPRIS			
(Name of Resulting P	torida Limited Com	pany)	
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:		
Jeremy A. Cohen, Esq.		z. 0	
(Contact Person)		- F F F 5	
Cohen & Owens, P.A.		AFF	-
(Firm/Company)		ARY SSI	<u></u>
3801 Hollywood Boulevard, Suite 200		F. G. Z	I
(Address)		STI STI	<u>,</u> '
Hollywood, Florida 33021		RID RID	3
(City, State and Zip Code)			
For further information concerning this matter	er, please call:		
Jeremy A. Cohen, Esq.	at (<u>954</u>)	923-3801	
(Name of Contact Person)	(Area Code a	nd Daytime Telephone Number)	
Enclosed is a check for the following amoun	t:		
	■\$180.00 Filing F and Certified Copy		

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

June 15, 2009

JEREMY A. COHEN, ESQ. COHEN & OWENS, P.A. 3801 HOLLYWOOD BOULEVARD, SUITE 200 HOLLYWOOD, FL 33021

SUBJECT: WHITEEYE ENTERPRISES, LLC

Ref. Number: W09000027855



We have received your document for WHITEEYE ENTERPRISES, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Organization, if any.

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return 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) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 309A00020164

listed therein.)

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company



This Certificate of Conversion and attached Articles of Organization are submitted 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" in	
Certificate of Conversion is:	" —
WITH LETTER TRIBLE, INC.	<u> </u>
(Enter Name of Oth	er Business Entity)
2. The "Other Business Entity" is a corporation	·
(Enter entity type. Example: corporation, general partnership, common	
first organized, formed or incorporated under the	ne laws of the State of Florida
(Enter state, or if a non-U.S. en	
on May 19, 2009	
(Enter date "Other Business Entity" was i	irst organized, formed or incorporated)
3. If the jurisdiction of the "Other Business En under the laws of which it is now organized, fo	•
N/A	-
 The name of the Florida Limited Liability C Articles of Organization: 	ompany as set forth in the attached
WHITEEYE ENTERPRISES, LLC	
(Enter Name of Florida Lir	nited Liability Company)
5. If not effective on the date of filing, enter th (The effective date: 1) cannot be prior to no document is filed by the Florida Department effective date listed in the attached Articles of	r more than 90 days after the date this of State; AND 2) must be the same as the

Page 1 of 2

SECRETARY	NUL 60	unq
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STATE	8: 53	C

Signed this day ofJune	_ 20 <u>09 </u>	
Signature of Member or Authorized Representa	tive of Limited Liability Co	ompany:
Signature of Member or Authorized Representative Printed Name: Joseph J. Grant	Title: Managing Member	
Signature(s) on behalf of Other Business Entity:	See below for required signs	ature(s).
Signature: Clowd (Wallow) Manual	Title: President	
Printed Name: Eleanor A. Melton-Grant	_ Title: Plesident	
Signature: Joseph J. Grant	_ Title: Vice President	
Signature:Printed Name:	Title:	
Signature: Printed Name:	Title:	
Signature:Printed Name:	Title:	
Signature:Printed Name:	Title	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	Officer. orporator must sign.	SECRET TALLAH!
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:	ARY
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:	OF STATE
All others: Signature of an authorized person.		T 19
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 - Nan The name of the Li		mpany is:			
(Must end with the words	ENTERPRISES "Limited Liability Com		eviation "L.L.C.," or the desi	ignation	
"LLC.")	·				
ARTICLE II - Ad	dress:				
_		s of the prin	ncipal office of the Lin	nited	
Liability Company	is:				
Principal Office A	ddress:		Mailing Address:		
16501 N.W. 5th Street	et	.	P.O. Box 820613		
Pembroke Pines, Florida 33028		_	South Florida, Florida 33082		
Signature: (The Limited Liability Coindividual or another business entity with an a			red Agent. You must designat	e an	
The name and the I	Florida street addre	ess of the re	gistered agent are:	09 JU	
Jeremy A. Cohen, Esq.			- 55 F		
Name SSR Name 3801 Hollywood Boulevard, Suite 200					
			Box NOT acceptable)	TARY OF STATE	
	Hollywood		FL 33021	_	
		City, State,	and Zip	- >	
			accept service of proce we designated in this ce		

Chapter \$08 F.S..

Registered Agent's Signature (REQUIRED)

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

(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:
Managing Member	Joseph J. Grant P.O. Box 820613 South Florida, Florida 33082
Manager	Eleanor A. Melton-Grant P.O. Box 820613 South Florida, Florida 33082
ARTICLE V: Effective date, if other than the d (The effective date: 1) cannot be prior to not document is filed by the Florida Department the effective date listed in the attached Cerdate is listed therein.) REQUIRED SIGNATURE:	(OPTIONAL) r more than 90 days after the date this of State; <u>AND</u> 2) must be the same as
(In accordance with section 608.40 of this document constitutes an affir	8(3), Florida Statutes, the execution mation under the penalties of perjury d herein are true.)
Joseph J. Grant Typed or printer	d 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)