L09000063742

(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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Cortified Coming Contilienter of Status		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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Office Use Only



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06/24/09--01029--010 **185.00

SECRETARY OF STATE

N. 9-119 JUL 2 2009

COVER LETTER

TO: Registration Division of	Section Corporations		
SUBJECT:	R. J. WELSH 6	SSOCIATES, Florida Limited Company	LLC
	Business Entity" into a "		and fees are submitted to lity Company" in
Please return all co	respondence concernin	g this matter to:	
RICHARD	(Contact Person)		
<u>R.J. W</u>	(Firm/Company) X 355 (Address)	DTES, INC.	
2000	y 200 /	10151 Day 01 NO	(22736)
(MAILING)	(Address)	STUCE OF BUSINESS)	DEVE. (32.134)
	•		
EUSTIS	, FLORIDA 3.	2727	
	(City, State and Zip Code)		
For further informa	tion concerning this ma	tter, please call:	
DICUNOS	11/12/04	(9 77) 8	375-0189
(Name of Cor	WELSH tact Person)	(Area Code and D	aytime 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	Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section		MAILING ADDRESS: Registration Section	

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



June 25, 2009

RICHARD WELSH PO BOX 355 EUSTIS, FL 32727

SUBJECT: R.J. WELSH & ASSOCIATES, LLC

Ref. Number: W09000029641

We have received your document for R.J. WELSH & ASSOCIATES, LLC and your check(s) totaling \$185.00. However, the document has not been filed and is being retained in this office for the following:

You must submit Articles of Organization for the resulting Florida limited liability company along with the Certificate of Conversion. The Articles of Organization must be signed by a member or an authorized representative of a member.

I have enclosed the Articles of Organization.

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) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 709A00021751

FILED

Certificate of Conversion For

09 JUN 24 AM 7: 5.1

"Other Business Entity"

SECRETARY OF STATE TALLAHASSEE FLORIDA

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.

Signed this 22 day of JUNE	_20 <u>09</u>			
Signature of Member or Authorized Representative of Limited Liability Company:				
Signature of Member or Authorized Representative Printed Name: RICHARD J. WELSH	Title: OWNER			
Signature(s) on behalf of Other Business Entity:	See below for required signature(s).]			
Signature: PJ DD				
Signature: RICHNRO J. WELSH	Title: PVST			
Signature:				
Printed Name:	Title:			
Signature:Printed Name:				
Printed Name:	_ Title:			
Signature				
Signature: Printed Name:	Title:			
Signature:Printed Name:				
Printed Name:	Title:			
Q1				
Signature:Printed Name:	Tal			
Printed Name:	Title:			
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers or Officers have not been selected, an Inc.				
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:			
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.				
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)			

The name of the Limited Liability Company is:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	• •	
Districtions	d handsamed 110	
K.J.WELSH	& DSSOCIDIES, LLC	_
(Must and with the	words "I imited Liability Comment was 5 C P and 1 C P.	

ARTICLE II - Address:

ARTICLE 1 - Name:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
19151 PARK PLACE BLVD. EUSTIS, FL. 32736	PO BOX 355 EUSTIS, EL. 32727
•	•

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

KICHDRO WELSH
1740 MORIN STREET
Florida street address (P.O. Box <u>NOT</u> acceptable)
EUS TIS FL 32726 City, State, and Zip

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:

<u>Title:</u> "MGR" = Manag "MGRM" = Man	er	and Address:	
<u> HGR</u>	- Ru 174 (MDIL) DO	CHARO WELSH O MORIN ST, EUSTIS, FL. 7270 130X 355, EUSTIS, FL 32727	, 16
		·	
(Use attachment	if necessary)		
ARTICLE V: Effective (If an effective date is list to or 90 days after the d	ted, the date must be specific a	ng: 07/01/09 (OPTION and cannot be more than five business da	IAL) ays prior
<u>REQUIRED</u> SI	GNATURE:		
	25.25		
	Signature of a member or an auth	orized representative of a member.	
	(In accordance with section 608.408 of this document constitutes an affit that the facts stated herein are true.)	rmation under the penalties of perjury	
	R.J. WEL	SH d name of comes	SER
Filing Fees	ryped or printe	d native of signer	
	Fee for Articles of Organization and	l Designation	ARY CRY
\$ 30,00 Certifi	istered Agent ed Copy (Optional)	i.	n
\$ 5.00 Certifi	cate of Status (Optional)	C C	SIAI