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Certified Copies Certificates of Stat	us ;
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Special Instructions to Filing Officer:	

Office Use Only

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EXAMINER



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07/20/09--01037--002 \*\*150.00

#### **COVER LETTER**

TO:

Registration Section

**Division of Corporations** suвject: Natural Shoreline, LLC. (Name of Resulting Florida Limited Company) 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: Rosie Torres (Contact Person) Lydecker Lee Behar Berga & de Zayas, LLC (Firm/Company) 1201 Brickell Avenue, 5th Floor (Address) Miami, FL 33131 (City, State and Zip Code) For further information concerning this matter, please call: Rosie Torres ) 416-3180 Ext 102 at ( (Name of Contact Person) (Area Code and Daytime Telephone Number) Enclosed is a check for the following amount: **☑** \$150.00 Filing Fees \$155.00 Filing Fees □\$180.00 Filing Fees \$185.00 Filing Fees, (\$25 for Conversion and Certificate of and Certified Copy Certified Copy, and & \$125 for Articles Status Certificate of Status of Organization) STREET ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

Og JUN 21 AM 9: 08

# Certificate of Conversion For "Other Business Entity" Into

## Florida Limited Liability Company

This Certificate of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.

Natura Natura	Conversion is: I Shoreline Solutions, Inc.			
(Enter Name of Other Business Entity)				
2. The "Oth	er Business Entity" is a Corporation			
	(Enter entity type. Example: corporation, limited partnership,			
	general partnership, common law or business trust, etc.)			
first organize	d, formed or incorporated under the laws of Florida			
	(Enter state, or if a non-U.S. entity, the name of the country)			
on June 15, 2	009			
	009 e "Other Business Entity" was first organized, formed or incorporated)			
(Enter day  3. If the juris				
(Enter day  3. If the juris	e "Other Business Entity" was first organized, formed or incorporated) diction of the "Other Business Entity" was changed, the state or country			
(Enter dans) 3. If the juris under the law N/A 4. The name	e "Other Business Entity" was first organized, formed or incorporated) diction of the "Other Business Entity" was changed, the state or country			
(Enter date of Control	diction of the "Other Business Entity" was first organized, formed or incorporated) s of which it is now organized, formed or incorporated:  of the Florida Limited Liability Company as set forth in the attached			
(Enter date of Control	diction of the "Other Business Entity" was first organized, formed or incorporated) s of which it is now organized, formed or incorporated:  of the Florida Limited Liability Company as set forth in the attached rganization:			
(Enter date of Control	diction of the "Other Business Entity" was first organized, formed or incorporated) diction of the "Other Business Entity" was changed, the state or country s of which it is now organized, formed or incorporated:  of the Florida Limited Liability Company as set forth in the attached rganization: ine Solutions, LLC			

Signed this 8 <sup>th</sup> day of July	_ 20_09				
Signature of Member or Authorized Representative of Limited Liability Company:					
Signature of Member or Authorized Representative Printed Name: Ellist M. Punt.	Title: Manager				
Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]					
Signature: XR. Mark M. Puritz, De.					
Signature: Y Backel J. Puritz  Printed Name: Backel T. Puritz					
Printed Name: Baerhel T. Purit2	Title: <u>President</u>				
C:					
Signature: Printed Name:	Title:				
Signature:Printed Name:	Tal				
Printed Name:	_ I title:				
Signature:					
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.					
If Directors or Officers have not been selected, an Incorporator must sign.					
If Florida General Partnership or Limited Liability Partnership:					
Signature of one General Partner.					
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL 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)				

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Natural Shoreline Solutions, LLC  (Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC.")				
the mailing address Liability Company is		of the princip	oal office of the Limited	
Education Company is	J.			
Principal Office Ad	dress:	<u>M</u> :	ailing Address:	
40.00		40	Art - Manda	
12 Via Marino			Via Marino	
Palm Coast, FL 32137		<u> Pa</u>	lm Coast, FL 32137	
(The Limited Liability Comindividual or another business entity with an act	ive Florida registration.)	wn Registered A	ice, & Registered Agen  gent. You must designate an	
(The Limited Liability Comindividual or another business entity with an act	ive Florida registration.) orida street address	wn Registered A	gent. You must designate an	
individual or another	ive Florida registration.)	wn Registered A	gent. You must designate an	
(The Limited Liability Comindividual or another business entity with an act	ive Florida registration.) orida street address Richard Lydecker	wn Registered A of the regist Name	gent. You must designate an	
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(The Limited Liability Comindividual or another business entity with an act  The name and the Flore in the first section in the first s	ive Florida registration.) orida street address Richard Lydecker 1201 Brickell Avenu Florida street address Miami,	of the regist  Name e, 5th Floor ss (P.O. Box	ered agent are:  NOT acceptable)	
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(The Limited Liability Comindividual or another business entity with an act  The name and the Florian Having been name above stated limited	ive Florida registration.) orida street address Richard Lydecker  1201 Brickell Avenu Florida street addres Miami, Cit d as registered agend I liability company a	Name e, 5th Floor ss (P.O. Box  FL ty, State, and at and to access the place of	ered agent are:  NOT acceptable)  33131 I Zip  ept service of process for esignated in this certifical	
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(The Limited Liability Comindividual or another business entity with an act  The name and the Flands and the Flands and the Flands and the Flands above stated limited hereby accept the capacity. I further	ive Florida registration.) orida street address Richard Lydecker  1201 Brickell Avenu Florida street addres Miami, Cit d as registered agend liability company and appointment as reagree to comply with	Name e, 5th Floor ss (P.O. Box  ty, State, and at and to access the place do gistered ages the provision	ered agent are:  NOT acceptable)  33131 I Zip  ept service of process for esignated in this certifical	

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

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:				
MGR	Elliot M Puritz, DR,  12 Via Marino Paim Coast, Fi 32137				
MGR .	Baerbel i Puritz 12 Via Marino Palm Coast, Fi. 32137				
	(Use attachment if necessary)				
ARTICLE V: Effective date, if other than the da  (The effective date: 1) cannot be prior to nor document is filed by the Florida Department of the effective date listed in the attached Cert date is listed therein.)	(OPTIONAL) more than 90 days after the date this of State; <u>AND</u> 2) must be the same as				
REQUIRED SIGNATURE:	rized representative of a member				
Signature of a member or an authorized representative of a member.  (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.)					
Elliot M. Purito 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)

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