

L09600073210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

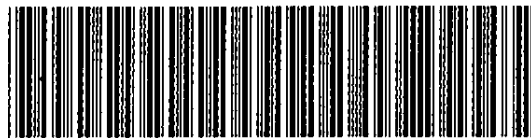
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Refund Balance (2500)  
5/1/09  
Office Use Only



900155319339

05/05/09--01023--012 \*\*150.00

FILED  
09 JUL 29 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES  
MAY 08 2009  
EXAMINER

*[Handwritten signature]*

ATTENTION:

I Ar ladin & Johnson  
want to file and file  
papers with Florida Dept  
of State Division of Corp.

The cost is 125<sup>00</sup> and  
please send the rest of  
the monies that was

Send Refund to left over. Thank You

5545 Minosa Cir East

Jack 32209

Ar ladin Johnson

ATTENTION:

SUZANNE HAWKS

Total Concepts for living



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 20, 2009

TOTAL CONCEPT FOR LIVING  
ARLINDA JOHNSON  
3400 TOWNSEND BLVD 192  
JACKSONVILLE, FL 32277

SUBJECT: TOTAL CONCEPT FOR LIVING LLC  
Ref. Number: W09000021831

We have received your document for TOTAL CONCEPT FOR LIVING 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):

A Florida limited liability company cannot convert into another Florida limited liability company. Pursuant to s. 608.439(1), F.S., "the term 'other business entity' or 'another business entity' means a common law or business trust or association; a real estate investment trust; a general partnership, including a limited liability partnership; a limited partnership, including a limited liability limited partnership; or any other domestic or foreign entity that is organized under a governing law or other applicable law, provided such term shall not include a domestic limited liability company."

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 109A00017094



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 13, 2009

TOTAL CONCEPT FOR LIVING  
3400 TOWNSEND BLVD 192  
JACKSONVILLE, FL 32277

We have received your document for TOTAL CONCEPT FOR LIVING 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):

A Florida limited liability company cannot convert into another Florida limited liability company. Pursuant to s. 608.439(1), F.S., "the term 'other business entity' or 'another business entity' means a common law or business trust or association; a real estate investment trust; a general partnership, including a limited liability partnership; a limited partnership, including a limited liability limited partnership; or any other domestic or foreign entity that is organized under a governing law or other applicable law, provided such term shall not include a domestic limited liability company."

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) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 609A00015805

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Total Concept for living 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:

Arlinda Johnson  
(Contact Person)  
Total Concept for living  
(Firm/Company)  
3400 Townsend Blvd 192  
(Address)  
Jacksonville, Florida 32277  
(City, State and Zip Code)

For further information concerning this matter, please call:

Arlinda Johnson at ( 904 ) 329-2731  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input checked="" type="checkbox"/> \$150.00 Filing Fees<br>(\$25 for Conversion<br>& \$125 for Articles<br>of Organization) | <input type="checkbox"/> \$155.00 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$180.00 Filing Fees<br>and Certified Copy | <input type="checkbox"/> \$185.00 Filing Fees,<br>Certified Copy, and<br>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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TOTAL Concept For Living LLC.  
(Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

3400 Townsend Blvd #192  
Jacksonville, FL 32277

Mailing Address:

3400 Townsend Blvd #192  
JACKSONVILLE, FL 32277

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:

Arbuda Johnson  
Name  
3400 Townsend Blvd 192  
Florida street address (P.O. Box **NOT** acceptable)  
Jacksonville FL 32277  
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

Arbuda Johnson  
Chapter 608, F.S.  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
09 JUL 29 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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

MGRM

Vice, President

Secretary, Treasurer

**Name and Address:**

Archie Johnson  
3400 Townsend Blvd 192  
JACKSONVILLE FL 32277

Patricia Jones Vice President  
3400 Townsend Blvd 192  
Jacksonville, FL 32277

Joshua A. Johnson  
3400 Townsend Blvd 192  
JACKSONVILLE, FL 32277

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_

(OPTIONAL)

(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 Certificate of Conversion, if an effective date is listed therein.)

FILED  
09 JUL 29 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REQUIRED SIGNATURE:**

Archie Johnson  
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.)

AICHANDA JOHNSON  
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)