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

Office Use Only



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T. HAMPTON

SEP - 1 2009

EXAMINER

COVER LETTER

TO: Registration Section **Division of Corporations** SUBJECT: INSULADD INTERNATIONAL 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: **DAVID PAGE** (Contact Person) TECH TRADERS LLC. (Firm/Company) 150 VENETIAN WAY, SUITE 103 (Address) MERRITT ISLAND, FL 32953 (City, State and Zip Code) For further information concerning this matter, please call: DAVID PAGE) 536-1912 (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**

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

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

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.

1. The name of the "Other Business Entity" immediately prior to the filing of this
Certificate of Conversion is: INSULADD INTERNATIONAL INC.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a CORPORATION
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of FLORIDA
(Enter state, or if a non-U.S. entity, the name of the country)
on SEPT 29 2008 .
(Enter date "Other Business Entity" was first organized, formed or incorporated)
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:
FLORIDA
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
INSULADD INTERNATIONAL LLC.
(Enter Name of Florida Limited Liability Company)
5. If not effective on the date of filing, enter the effective date:
(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; <u>AND</u> 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is
listed therein \

Page 1 of 2

Signed this 14TH day of AUGUST	20_09
Signature of Member or Authorized Represent	tative of Limited Liability Company:
C' (CM) and desired December	
Signature of Member or Authorized Representative	
Printed Name: DAVID PAGE	Title: PRESIDENT
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s).]
Signature: Karen Page	
Printed Name: KAREN PAGE	Title: VICE-PRESIDENT
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
at .	
Signature:	TP1/1
Printed Name:	I itle:
Signatura	
Signature:Printed Name:	Title:
Timed Rame.	
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an I	
•	
If Florida General Partnership or Limited Liabil	lity Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabil	ity Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
All others	
All others:	
Signature of an authorized person.	
Fees:	
Certificate of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00 \$125.00
~	
Certified Copy: Certificate of Status:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R1	ri.	CI	Æ.	I	- 1	Vя	me:

The name of the Limited Liability Company is:

INSULADD INTERNATIONAL LLC

A.

(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:

Mailing Address:

150 VENETIAN WAY, SUITE 103	
MERRITT ISLAND, FL 32953	

150 VENETIAN WAY, SUITE 103 MERRITT ISLAND, FL 32953

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:

DAVID PAGE

Name

150 VENETIAN WAY, SUITE 103

Florida street address (P.O. Box NOT acceptable)

MERRITT ISLAND

FL 32953

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 09 MIG 28 AM 9: 46

SECRETARY OF STATE VISION OF CORPORATIONS

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	Name and Address:				
"MGRM" = Managing Member	Karent Page 150 Venetian Way Suite 103 Merrit Jahrd, Fl 329				
					
	(Use attachment if necessary)				
RTICLE V: Effective date, if other than the of the effective date: 1) cannot be prior to no	(OPTIONAL) or more than 90 days after the date this				
ocument is filed by the Florida Department ne effective date listed in the attached Ce nte is listed therein.)					
REQUIRED SIGNATURE:	Pan				
Signature of a member or an auti	horized representative of a member.				
of this document constitutes an affi	08(3), Florida Statutes, the execution irmation under the penalties of perjury ted herein are true.)				
Typed or prints	in H. Pax				

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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