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(Re	equestor's Name)		
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PICK-UP	☐ WAIT	MAIL	
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(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

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SEGRETARY OF STATE

COVER LETTER

TO: Registration S Division of C			
SUBJECT: Profes		f Jacksonville, L.L	
	(Name of Resulting	Florida Limited Company)
	isiness Entity" into a "	ticles of Organization, Florida Limited Liabil	and fees are submitted to ity Company" in
Please return all corn	espondence concernin	g this matter to:	
Joshua M. Kaplan	•		
	(Contact Person)		
Professional Roofing o	f Jacksonville, L.L.C.		
	(Firm/Company)		
PO Box 50244			
	(Address)	 	
laekaenville Baach Cl	22240		
Jacksonville Beach, Fl	_ 32240 City, State and Zip Code)		
`	, ,		
For further informati	on concerning this ma	tter, please call:	
Joshua M. Kaplan		_at (_973) 985-	7655
(Name of Conta	ict Person)	(Area Code and Da	aytime Telephone Number)
Enclosed is a check f	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	\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES	S:	MAILING A	ADDRESS:
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
Clifton Building		P. O. Box 6327 Tallahassee, FL 32314	
2661 Executive Cent Tallahassee, FL 323		i alianassee,	rl 32314
Turidingsoff, Eli Jaj	A 1		



September 8, 2009

JOSHUA M. KAPLAN PO BOX 50244 JACKSONVILLE BEACH, FL 32240

SUBJECT: PROFESSIONAL ROOFING OF JACKSONVILLE, L.L.C.

Ref. Number: W09000040234

We have received your document for PROFESSIONAL ROOFING OF JACKSONVILLE, L.L.C. and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 709A00029735

FILED 09 SEP 22 AM 8: 33 SEGRETARY OF STATE TALLAHASSEE, FLORIDA

Certificate of Conversion For "Other Business Entity"

"Other Business Entity" Into

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.

1. The name of the "Other Business Entity" immedia	tely prior to the filing of this			
Certificate of Conversion is: Professional Roofing of Jacksonville, Inc.	707-33160			
(Enter Name of Other Business Entity)				
2. The "Other Business Entity" is a Corporation	•			
(Enter entity type. Example: corpora general partnership, common law o	• •			
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 March 14, 2007				
(Enter date "Other Business Entity" was first or	ganized, formed or incorporated)			
3. If the jurisdiction of the "Other Business Entity" wunder the laws of which it is now organized, formed or				
4. The name of the Florida Limited Liability Compar Articles of Organization:	ny as set forth in the attached			
Professional Roofing of Jacksonville, L.L.C.				
(Enter Name of Florida Limited 1	Liability Company)			
5. If not effective on the date of filing, enter the effec (The effective date: 1) cannot be prior to nor more document is filed by the Florida Department of State (Florida Department) of Organisted therein.)	e than 90 days after the date this ate; <u>AND</u> 2) must be the same as the			

Signed this 31 day of August	20_09			
Signature of Member or Authorized Representative of Limited Liability Company:				
Signature of Member or Authorized Representative Printed Name: Joshua M. Kaplan	e: John M. halm Title: Manager			
Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]				
Signature:Printed Name: Christina Navarra				
Printed Name: Christina Navarra	Title: President			
Signature:Printed Name:	Title:			
Signature: Printed Name:	Title:			
Signature:				
Signature: Printed Name:	Title:			
Signature:				
Signature:Printed Name:	_ Title:			
Signature:Printed Name:				
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer			
If Directors or Officers have not been selected, an Inc				
	or potatot must signi			
If Florida General Partnership or Limited Liability	y 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:	\$25.00			
Fees for Florida Articles of Organization:	\$125.00			
Certified Copy:	\$30.00 (Optional)			
Certificate of Status:	\$5.00 (Optional)			

ARTICLES OF ORGANIZATION OF PROFESSIONAL ROOFING OF JACKSONVILLE, L.L.C.

Pursuant to the Florida Limited Liability Company Act, Chapter 608 of the Florida Statutes (the "Act"), the undersigned states as follows.

1. Company Name. The name of the limited liability company is:

Professional Roofing of Jacksonville, L.L.C.

(referred to below as the "Company").

2. <u>Registered Office and Agent</u>. The address of the Company's initial registered office in Florida is 807 7th Avenue South, Jacksonville Beach, Florida 32250. The name of the Company's initial registered agent at that address is Joshua M. Kaplan.

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.

By: Joshua M. Kaplan

- 3. <u>Mailing and Street Address</u>. The mailing address of the Company is P.O. Box 50244, Jacksonville Beach, Florida 32240. The street address of the principal office of the Company is 807 7th Avenue South, Jacksonville Beach, Florida 32250.
 - 4. Managers. The name and address of each Manager of the Company is:

Title

Name and Address

Manager

Joshua M. Kaplan P.O. Box 50244

Jacksonville Beach, FL 32240

Manager

Christina Navarra

P.O. Box 50244

Jacksonville Beach, FL 32240

Manager

Joseph E. Lee P.O. Box 50244

Jacksonville Beach, FL 32240

- 5. <u>Limitation of Liability</u>. To the fullest extent permitted by the Act, as the Act may be amended from time to time, no member or manager of the Company will be personally liable to the Company or its members for damages for breach of any duty owed to the Company or its members, except that this provision will not be deemed to relieve a member or manager from liability to the extent such relief is prohibited by the Act, as the Act may be amended from time to time. No repeal or modification of this Section 4 will eliminate or reduce the protection afforded by this Section 4 to a member or manager of the Company with respect to any matter which occurred, or any cause of action, suit or claim which but for this Section 4 would have accrued or arisen, prior to such repeal or modification.
 - 6. **Duration**. The term of the Company shall be perpetual.

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.

Date: Sept. 16, 2009

Joshua M. Kaplan, Authorized Person