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(Rec	questor's Name)	<u> </u>
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(City	/State/Zip/Phon	e #)
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PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
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Office Use Only

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SECRETARY OF STATI

EP 25 AM 10: 42

COVER LETTER

Division of Corporations	,
SUBJECT: Allison L	easing, LLC
(Name of Resulting Florid	da Limited Company)
The enclosed Certificate of Conversion, Articles convert an "Other Business Entity" into a "Flori accordance with s. 608.439, F.S.	· · · · · · · · · · · · · · · · · · ·
Please return all correspondence concerning this	s matter to:
Cheryl Creason (Contact Person)	SECF
Abacus Business : To	SECRETARY ALLAHASSEE
105 7th Ave NE	
(Address)	AH IO: 4,2 F STATE FLORIDA
Puskin, FL 3357 (City, State and Zip Code)	0
(Čity, State and Zip Code)	
For further information concerning this matter, Cheyl Creason, Elat (Name of Contact Person)	•
(Name of Contact Person)	(Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\$155.00 Filing Fees and Certificate of Status	\$180.00 Filing Fees Certified Copy Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P. O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314

Tallahassee, FL 32301

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

This Certificate of Conversion and attached Articles of Organization are submitted t	0
convert the following "Other Business Entity" into a Florida Limited Liability	
Company in accordance with s.608.439, Florida Statutes.	
	新りた
1. The name of the "Other Business Entity" immediately prior to the filing of this	
Certificate of Conversion is:	25 C
(Enter Name of Other Business Entity)	2 =
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a Corporation	AM IU: 42
(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 07-13-05	
(Enter date "Other Business Entity" was first organized, formed or incorporate	A)
(Enter date Other Business Entity was in storganized, for ned or incorporate	;u)
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:	
NIA	
N174	
4. The name of the Florida Limited Liability Company as set forth in the attached	
Articles of Organization:	
Allison Leasing, LLC	
MINISON Ecastry, 2-C	 °
(Enter Name of Florida Limited Liability Company)	
5. If not affective on the data of filing, anten the affective data, 07-13-05	
5. If not effective on the date of filing, enter the effective date: 07-13-05 (The effective date: 1) cannot be prior to nor more than 90 days after the date thi	
document is filed by the Florida Department of State; AND 2) must be the same a	
effective date listed in the attached Articles of Organization, if an effective date is	s the
listed therein	

Signed this 23rd day of Sept.	20 09 .		
Signature of Member or Authorized Representa	tive of Limited Liability Cor	npany:	
Signature of Member or Authorized Representative Printed Name: Margaret Brainard	: Margaret P Title: Member	<u>rainard</u>	_
Signature(s) on behalf of Other Business Entity:	See below for required signat	ure(s).]	
Signature: Bernard Bishop	Title: Managina	Member	-
Signature: Margaret Brainard Printed Name: Margaret Prainard			
Printed Name: Margaret Brainard	_Title: <u>member</u>		
Signature:			
Signature:Printed Name:	Title:		
Signature:Printed Name:	Title		
		·	
Signature:Printed Name:			
Printed Name:	_ Title:	2009 SEP SECHETA	
		P P	7.
Signature:Printed Name:	Title	SET 25	-
Trinted Name.	_ Title	70	m
If Florida Corporation:		AM IO: OF STAI OF LORN	
Signature of Chairman, Vice Chairman, Director, or C		RIDA	-
If Directors or Officers have not been selected, an Inc	corporator must sign.	∌" ∾	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:		
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:		
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

(Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation

ARTICLE I - Name:

"LLC.")

The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street address of the pulliability Company is:	incipal office of the Limited		
Principal Office Address: 6009 Riveroide Dr.	Mailing Address: 6009 Riverside De.		
Yankeetown, FL 34498	Yankeetown, Fl 34498		
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:			
The name and the Florida street address of the	registered agent are:		
Cheryl Cra	Pason RA For A M		
Chenil Creason, EA FS & M Name 105 Th Ave NE			
Florida street address (P.O. Box NOT acceptable)			
Ruskin	FL 33570		
City, Stat	e, and Zip		
Having been named as registered agent and to	o accept service of process for the		

(CONTINUED)
Page 1 of 2

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)

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:
MGRM — Wanaging Weinder	Bernard Bishop 6009 Riverside DR. Vankeetown, FL 34498
MGR	Margaret A. Brainard Goog Riverside Dr. Vankeetown, Fu34498
	ZOB9 SE TALLAH
	P 25 AN SSEE F
•	(Use attachment if necessary) 57 5
ARTICLE V: Effective date, if other than the dat	(OPTIONAL)
(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.)	of State; AND 2) must be the same as
REQUIRED SIGNATURE:	:

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.)

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)

Page 2 of 2