L0900001041

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
P02-109795 (Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
OCT 20 2009
EXAMINER

Office Use Only

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10/19/09--01043--008 **180.00

2009 OCT 19 PH 1: 52 SECRETAREOF STATE ALLAHASSEE, FLORIDA

COVER LETTER

Division of C					
SUBJECT: J-D H	oldings, LLC			·	· L
	(Name of Resulting	Florida Limited Con	npany)	4	Terrer en
	cate of Conversion, Ar siness Entity" into a "08.439, F.S.				.0
Please return all corre	espondence concerning	g this matter to:			
M. Daniel Sasso					
	(Contact Person)				? <u>m</u> e
Sasso & Teuber, P.L.				AR S	ZOOS OCT TO DATE.
	(Firm/Company)			ASS	-
4223 Del Prado Blvd.				HE PO	
	(Address)				- C
Cape Coral, Florida 33	3904				
	City, State and Zip Code)			TOA TOA)
For further information	on concerning this ma	tter, please call:			
M. Daniel Sasso		at (239	542-1355		_
(Name of Conta	ct Person)	(Area Code	and Daytime Tele	phone Number)	
Enclosed is a check f	or the following amou	nt:			
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$155.00 Filing Fees and Certificate of Status		/ Certified	00 Filing Fees, Copy, and te of Status	
STREET ADDRESS	S:	MAILI	NG ADDRES	S:	
Registration Section			tion Section		
Division of Corporati	ons		of Corporation	ons	
Clifton Building		P. O. Bo	ox 6327		

Tallahassee, FL 32314

2661 Executive Center Circle

Walter Brown Brown Brown

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 to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.

(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a business corporation	
(Enter entity type. Example: corporation, limited pa general partnership, common law or business trust	_
first organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the name of the content of the cont	ountry) = 0
on October 10, 2002	ountry) CREST
(Enter date "Other Business Entity" was first organized, formed	d or incorporated)
(Enter date "Other Business Entity" was first organized, formed 3. If the jurisdiction of the "Other Business Entity" was changed, the under the laws of which it is now organized, formed or incorporated:	state or country
3. If the jurisdiction of the "Other Business Entity" was changed, the	d or incorporated)
3. If the jurisdiction of the "Other Business Entity" was changed, the under the laws of which it is now organized, formed or incorporated:	state or country
3. If the jurisdiction of the "Other Business Entity" was changed, the sunder the laws of which it is now organized, formed or incorporated: n/a 4. The name of the Florida Limited Liability Company as set forth in	state or country
3. If the jurisdiction of the "Other Business Entity" was changed, the sunder the laws of which it is now organized, formed or incorporated: 1. The name of the Florida Limited Liability Company as set forth in the Articles of Organization:	state or country the attached

Signed this/6 day of October	20 09	
Signature of Member or Authorized Represents		v:
Digitation of Francisco Ampression	, -/	<u> </u>
Signature of Member or Authorized Representativ	e: In m. Var	<u>_</u> \unu
Printed Name: Jon M. Blow	/ Title: Member & Sole Manager	
Signature(s) on behalf of Other Business Entity:	/ See below for required signature(s)).]
Signature: Am m. Ba.		1.0
Printed Name: Jon M. Blow	Title: President/Director	
Signature: Delea Blow		$\overline{\nu}$
Printed Name: Dale A. Blow	Title: Treasurer/Director	
Signature:		
Printed Name:	Title:	
Circostano		
Signature:Printed Name:	Title	ं ४
Timed Name.		7 X 30 6002 130 6002
Signature:		
Printed Name:	Title:	<u> </u>
	ີ້ ກ່າ	∴ ο 1
Signature:	3	PH E
Printed Name:	Title:	<u> </u>
If Florida Corporation:	20.2	5
Signature of Chairman, Vice Chairman, Director, or	Officer	· ~
If Directors or Officers have not been selected, an In-		
	erber meraer 2.8.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:	
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:	
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 FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Comp J-D Holdings, LLC (Must end with the words "Limited Liability Company" LLC.")	
ARTICLE II - Address: The mailing address and street address o Liability Company is:	f the principal office of the Limited
Principal Office Address:	Mailing Address:
2018 SE 21st Street Cape Coral, Florida 33990 ARTICLE III - Registered Agent, Reg	2018 SE 21st Street Cape Coral, Florida 33990 istered Office, & Registered Agent's
Signature: (The Limited Liability Company cannot serve as its or individual or another business entity with an active Florida registration.)	wn Registered Agent. You must designate and S
The name and the Florida street address	of the registered agent are:
Jon M. Blow	
	Name 5
2208 SW 14th Place	
Florida street addres	s (P.O. Box <u>NOT</u> acceptable)
Cape Coral,	FL 33991
Cit	y, State, and Zip
	t and to accept service of process for the

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 60%, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"MGRM" = Managing Member	Name and Address:
MGR	Jon M. Blow
	2208 SW 14th Place
	Cape Coral, Florida 33991
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	2월 : 5
	(TT 11 11 1 1 1 C
CLE V: Effective date, if other than	(OPTIONAL)
fective date: 1) cannot be prior tent is filed by the Florida Departective date listed in the attached listed therein.) REQUIRED SIGNATURE:	the date of filing: (OPTIONAL) to nor more than 90 days after the date this ment of State; AND 2) must be the same as different conversion, if an effective
fective date: 1) cannot be prior tent is filed by the Florida Departective date listed in the attached listed therein.) REQUIRED SIGNATURE:	the date of filing: (OPTIONAL) to nor more than 90 days after the date this ment of State; AND 2) must be the same as different conversion, if an effective
fective date: 1) cannot be prior tent is filed by the Florida Depart ective date listed in the attached listed therein.) REQUIRED SIGNATURE: Signature of a member or an	the date of filing: (OPTIONAL) to nor more than 90 days after the date this ment of State; AND 2) must be the same as different conversion, if an effective authorized representative of a member.
fective date: 1) cannot be prior of the still by the Florida Depart ective date listed in the attached listed therein.) REQUIRED SIGNATURE: Signature of a member or an (In accordance with section 60 of this document constitutes and section	the date of filing: (OPTIONAL) to nor more than 90 days after the date this ment of State; AND 2) must be the same as different conversion, if an effective
fective date: 1) cannot be prior to the stilled by the Florida Depart ective date listed in the attached listed therein.) REQUIRED SIGNATURE: Signature of a member or an (In accordance with section 60 of this document constitutes and that the facts Jon M. Blow	(OPTIONAL) to nor more than 90 days after the date this ment of State; AND 2) must be the same as described Conversion, if an effective authorized representative of a member. 08.408(3), Florida Statutes, the execution affirmation under the penalties of perjury stated herein are true.)
fective date: 1) cannot be prior to the stilled by the Florida Depart ective date listed in the attached listed therein.) REQUIRED SIGNATURE: Signature of a member or an (In accordance with section 60 of this document constitutes and that the facts Jon M. Blow	(OPTIONAL) to nor more than 90 days after the date this ment of State; AND 2) must be the same as defective authorized representative of a member. 08.408(3), Florida Statutes, the execution affirmation under the penalties of perjury

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)