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(Requestor's Name)
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PICK-UP WAIT MAIL

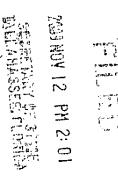
(Business Entity Name)
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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T. CLINE

NOV 1.3 2009

EXAMINER

COVER LETTER

TO:	Registration : Division of C							
SUВЛ	ECT: <u>Corks</u>		ri	1				
		(Name of Resulting	, Florida L	imited Co	ompany,)		
conver		cate of Conversion, Ausiness Entity" into a '08.439, F.S.						•
Please	return all corr	espondence concernin	g this ma	atter to:				
Guy Ra	abideau, Esq.				_			
		(Contact Person)					alling.	1 33
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		(Firm/Company)					7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	10
400 Ro	yal Palm Way,	Suite 204			_		Carrie	12
		(Address)					in se	Pi
Palm B	each, Florida 3	3480					75 7 7 7 1 67 \$11	5
	((City, State and Zip Code)		•	-			

For fur	ther information	on concerning this ma	tter, plea	se call:				
Guv Ra	abideau		at (5	61) 655-6	6221		
	(Name of Conta	ct Person)				ytime Telephone Nu	ımber)	
Enclose	ed is a check f	or the following amou	nt:					
(\$25 for & \$125 t	0.00 Filing Fees Conversion for Articles nization)	\$155.00 Filing Fees and Certificate of Status		.00 Filing tified Cop		☐\$185.00 Filing Certified Copy, an Certificate of Statu	d	
Registr Divisio Clifton 2661 E	ET ADDRESS ration Section on of Corporati Building executive Center seed FL 3236	ons er Circle		Registr Division P. O. B	ation S on of C ox 632	orporations		

Carlotte Control

763 NOV 12 PM 2: 01

For "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" immediately prior to the filing of this

Certificate of Conversion is: WS-4151
(Enter Name of Other Business Entity)
The "Other Business Entity" is a Delaware limited liability company
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of Delaware
(Enter state, or if a non-U.S. entity, the name of the country)
October 11, 2007 (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:
Delaware
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
CorkSavvy, LLC
(Enter Name of Florida Limited Liability Company)
5. If not effective on the date of filing, enter the effective date: upon registration (The effective date: 1) cannot be prior to nor more than 90 days after the date this

listed therein.)

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

Signed this	day of September	20	09		
Signature of Mem	ber or Authorized R	<u>epresentative</u>	M Limited L	iability Comr	oany:
	er or Authorized Repr	resentative:			
Printed Name: K. Sk	pane	Tit	le: Authorized	Representative	<u> </u>
Signature(s) on peh	alf of Other Business	Entity: [See l	pelow for requ	uired signatur	e(s).]
Signature:					·
Printed Name: K. Slo	oane	Tit	le: Authorized	Representative	<u> </u>
Signature:	,				,
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Printed Name:		Tit	le:		
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If Florida Corporat					. 67 G
	an, Vice Chairman, Di				24.7
If Directors or Office	ers have not been selec	ted, an incorpor	rator must sigr	1.	7, 74
If Florida General l	Partnership or Limite	ed Liability Par	rtnershin:	·*:	
Signature of one Ger			· ····································	,	
			1 12		:
Signatures of ALL C	<mark>Partnership or Limite</mark> Jeneral Partners.	d Liability Lin	<u>nited Partner</u>	<u>ship:</u>	
All others:				·-	•
Signature of an author	orized person.		•		•

\$25.00 \$125.00

\$30.00 (Optional) \$5.00 (Optional)

Certificate of Conversion:
Fees for Florida Articles of Organization:
Certified Copy:
Certificate of Status:

Fees:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

CorkSavvy, 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:

Mailing Address:

801 S. Olive Avenue, Suite 111
West Palm Beach, Florida 33401

801 S. Olive Avenue, Suite 111
West Palm Beach, Florida 3340

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:

Guy Rabideau

Name

400 Royal Palm Way, Suite 204

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

Palm Beach

F1 33480

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

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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" = Manager		Name and Address:	
	MGR	ging ivicinoci	ManageWebs, LLC	
			801 South Olive Avenue, Suite 11	1
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			. (OPTIONAL)	
(The e docum the eff	ent is filed by the I ective date listed i listed therein.)	lorida Department on the attached Certi	(OPTIONAL) more than 90 days after the da of State; <u>AND</u> 2) must be the sa ficate of Conversion, if an eff	me as
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(The e docum the eff	ent is filed by the I ective date listed i listed therein.) REQUIRED SIGN Signature of a (In accordance)	Ilorida Department on the attached Certina NATURE: member or an author with section 608.408(more than 90 days after the day of State; AND 2) must be the say ficate of Conversion, if an effective of a member (3), Florida Statutes, the execution under the penalties of periods.	er.
(The e docum the eff	ent is filed by the I ective date listed i listed therein.) REQUIRED SIGN Signature of a (In accordance)	Ilorida Department on the attached Certinal NATURE: member or an author with section 608.408(at constitutes an affirm	more than 90 days after the day of State; AND 2) must be the say ficate of Conversion, if an effective of a member (3), Florida Statutes, the execution under the penalties of periods.	er.

Filing Fees:

435

\$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