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D. BRUCE

DEC 1 2009

EXAMINER

COVER LETTER

Division of Corporations					
SUBJECT: Solar Designs, 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:				
Cheryl Creason,	EA				
Cheryl Creason, (Contact Person) Abacus Business + (Firm/Company)	Tax Svs,	ببرك	SECRE TALLAH	09 NO	
105 7th Ave NE			TAR) ASSI	/ 30	į
(Address) Ruskin, FL 335 (City, State and Zip Code)	70		OF STATE	PM 2: 56	
For further information concerning this matter	er, please call:				
Cheryl Creason (Name of Contact Person)	at (813) (6 (Area Code and Da	45-400 Lytime Telephone N	lumber)	-	
Enclosed is a check for the following amount:					
	\$180.00 Filing Fees and Certified Copy	\$185.00 Filing Certified Copy, a Certificate of Sta	nd		
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING A Registration S Division of C P. O. Box 632 Tallahassee, I	Section forporations 27			
Contac Citate	i allallassee, l	- J2J17			

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.

1. The name of the "Other Business Entity" immediately prior to the filing of this
Certificate of Conversion is: (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
first organized, formed or incorporated under the laws of
on O+10-1995 (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: N/A N/A N/A
N/A A S T
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: (Enter Name of Florida Limited Liability Company)
(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; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is

listed therein.)

Signed this 25th day of November	<u>120 09.</u>
Signature of Member or Authorized Representa	tive of Limited Liability Company:
Signature of Member or Authorized Representative Printed Name:	Title: Manager
Signature(s) on behalf of Other Business Entity: [Signature: Lay	
Printed Name: Sen Gray Signature: Tracy Cannon	
Printed Name: Tracy Cannon	Title: VP
Signature: Printed Name:	_ Title:
Signature:Printed Name:	_ Title:
Signature: Printed Name:	Title:
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	mo •
All others: Signature of an authorized person.	H 2: 56 FLORIDA
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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sol	ar Designs,	LLC		
(Must end with the words "LLC.")	"Limited Liability Company," the abl	breviation "L.L.C.," or the des	signation	
ARTICLE II - Ad The mailing address Liability Company	s and street address of the pr	incipal office of the Li	mited	
Principal Office A	.ddress:	Mailing Address:		
103 W. (College Ave.	103 W. Co	llege A	ν <u>e</u>
RUSKIII, F	<u>-c 635.10</u>	RUSKIN, P	<u>- 385</u> 40	ر
Signature: (The Limited Liability Coindividual or another	egistered Agent, Registered ompany cannot serve as its own Regist active Florida registration.)	-	-	-
The name and the I	Florida street address of the r	-	JV 3 ETA HAS	
	Cheryl C	reason	m C - m	
	Cheryl Ci	ve NE	2: 1 3 TA 1 COA	D
	Florida street address (P.O.	Box NOT acceptable)		
	- Huskin,	FL 33570		
City, State, and Zip				
Having been nan	ned as registered agent and to	accept service of proc	ess 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

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" = Managing Member	Name and Address:
MGR	Glen Gray
	103 College Ave W.
	Ruskin, FL 33570
MGRM	Tracy Cannon
	103 College Ave W.
	Ruskin, FL 33570
	Applicabilities
	
	(Use attachment if necessary)
ARTICLE V: Effective date, if other than the da (The effective date: 1) cannot be prior to nor document is filed by the Florida Department	(OPTIONAL) more than 90 days after the date this of State; AND 2) must be the same as
the effective date listed in the attached Cer date is listed therein.)	tificate of Conversion, if an effective
and is inseed that only	70
REQUIRED SIGNATURE:	ντ. 160
Hla H	AND ON THE
Signature of a member or an autho	prized representative of a member.
	mo To The
(In accordance with section 608.408 of this document constitutes an affirm	(5), 1 lorida Statutes, the execution
that the facts state	d herein are true.)
Glan Gray	A
Slen Grace 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)