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(Reques	itor's Name)	
(Address)		
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(City/Sta	ate/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Busine	ss Entity Name)	
(Docum	ent Number)	
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		

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Law Offices N. MICHAEL KOUSKOUTIS, P.A.

623 East Tarpon Avenue Tarpon Springs, FL 34689 Ph: **727-942-3631** Fax: **727-937-5453**

December 3, 2009

Florida Dept of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Re: Protonix, Inc. - Botsolas Marine, LLC

Dear Ladies/Gentlemen:

Enclosed you will find our check totaling the amount of \$175.00 to cover the cost of filing the following documents:

- Certificate of Conversion for Other Business Entity Into Florida Limited Liability Company.
- Articles Organization for Florida Limited Liability Company.

If you have any questions or concerns, please contact this office at your earliest convenience. I thank you in advance for your prompt attention to this matter.

Sincerely,

N. MICHAEL KOUSKOUTIS, P.A.

Joni L. Buscema

Legal Assistant to

N. Michael Kouskoutis, Esquire

JLB

Enclosures: As referenced above



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 9, 2009

N. MICHAEL KOUSKOUTIS, P.A. 623 EAST TARPON AVENUE TARPON SPRINGS, FL 34689

SUBJECT: BOTSOLAS MARINE, LLC

Ref. Number: W09000053612

We have received your document for BOTSOLAS MARINE, LLC and your check(s) totaling \$175.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must state the effective date of the conversion. The effective date cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date of the conversion under the laws governing the other business entity.

Sections 607.1113, 608.4403, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by a member or an authorized representative of a member. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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: 309A00037579

-Joanus

Botsolas Marine, LLC

listed therein.)

-!! ED

Certificate of Conver For "Other Business Entity" Into

Florida Limited Liability Company

This Certificate of Conversion and attached Articles of Organization are submitted to

09 DEC 10 PM 2: 39 SECRETARY OF STATE FALLAHASSEE, FLORIDA

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: Protonix, Inc. (Enter Name of Other Business Entity) 2. The "Other Business Entity" is a Corporation (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, USA (Enter state, or if a non-U.S. entity, the name of the country) on 09/05/2007 (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: 4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:

(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

Page 1 of 2

(Enter Name of Florida Limited Liability Company)

5. If not effective on the date of filing, enter the effective date:____

Signed this 2nd day of Decomber	20 <u>09</u>
Signature of Member or Authorized Representati	ve of Limited Liability Company:
Signature of Member or Authorized Representative; Printed Name: Christos John Botsolas	Title: Mamber/Manager
Signature(s) on behalf of Other Business Entity: [Se	ee below for required signature(s).
Signature: Printed Name: Christos John Botsolas (C.J. Botsolas)	Title: President, Vice President
Signature: Oanu Books Printed Name: Dana Botsolas	Title: Secretary
Signature:Printed Name:	Title:
Signature:Printed Name:	
Signature: Printed Name:	Title:
Signature:Printed Name:	_Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Clif Directors or Officers have not been selected, an Inc.	Officer. orporator must sign.
If Florida General Partnership or Limited Liability Signature of one General Partner.	y Purtuership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
<u>Fees:</u>	
Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$125.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	s:
Botsolas Marine, LLC (Must end with the words "Limited Liability Company," the "LLC.")	&
ARTICLE II - Address: The mailing address and street address of the Liability Company is:	principal office of the Limited
Principal Office Address:	Mailing Address:
11914 Royce Waterford Circle Tampa, Florida 33528	11914 Royce Waterford Circle Tampa, Florida 33626
11914 Royce Waterford	ne registered agent are: as Trustee of Christos
Tampa,	FL_33826
City, S Having been named as registered agent on above stated limited liability company at th hereby accept the appointment as regist capacity. I further agree to comply with th the proper and complete performance of accept the obligations of my position as	e place designated in this certificate, I tered agent and agree to act in this ne provisions of all statutes relating to ny duties, and I am familiar with and registered agent as provided for in

(CONTINUED)

Registered Agent's Signature (REQUIRED)

	ARTICLE IV- Manager(s) or Manager of the name and address of each Manager of	g Member(s): or Managing Member is as follows:			
	<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
MGRM	Christos John Botsolas, Jr as Trustee of Christos John Botsolas, Jr. Trust	Tampa, Florida 33626		-EI -	
				- -	
				- - -	
	**************************************	(Use attachment if necessary)		- - -	
, (J . đd tl	RTICLE V: Effective date, if other than the difference date: 1) cannot be prior to not ocument is filed by the Florida Department as effective date listed in the attached Centre is listed therein.) REQUIRED SIGNATURE:	(OPTIONAL) r more than 90 days after the date thi t of State; <u>AND</u> 2) must be the same	SUCCESSORY	no nec 10 PM	AFE
	Signature of a member or an auti	corized representative of a member.	FIORID	1 2: 39	
	of this document constitutes an affi	08(3), Florida Statutes, the execution imation under the penalties of perjury ed herein are true.)	D m	9	
	Christos John Botsolas, Jr., as Tr Typed or print	ustee cd name of signee			
	Filing Fees:				
	\$175 AA Filing Fee for Articles of	Organization and Designation			

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

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