109000120785

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
•
(Document Number)
Certified Copies Certificates of Status
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12/21/09--01002--005 **20.00

11/12/09--01027--004 **105.00

2009 DEC 18 PH 2: 04 SECRETARY OF STATE AND ANASSEE, FLORIDA

7. CLINE DEC 2 1 2009

EXAMINER



November 13, 2009

EUGENE SAMSON 580 NW 119 STREET MIAMI, FL 33168

SUBJECT: TERC HEARTS Ref. Number: W09000050252

We have received your document for TERC HEARTS and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law does not allow a sole proprietorship to file a conversion. A sole proprietorship is a business owned and operated by one individual. As a sole proprietor, the one individual owner is responsible for making all of the business decisions and all of the debts of the business are considered to be the debts of the one individual owner, as well. The sole proprietorship may or may not conduct business under the one individual owner s legal name. Because the business and the individual are considered as one organization and need each other to co-exist from a legal perspective, a sole proprietorship is not considered a business entity and cannot, therefore, file a conversion under Florida law.

If your sole proprietorship is actually owned and operated by two or more individuals and those individuals serve in the capacity of a partner, your business may not be a sole proprietorship. Your business may meet the definition of a partnership in accordance with Chapter 620, Florida Statutes. Chapter 620, Florida Statutes, allows a partnership to file a conversion. However, the partnership must first file a statement of registration in accordance with section 620.8105, Florida Statutes.

We are enclosing a statement of registration should your business entity meet the criteria of a partnership and you wish to proceed with the conversion. Please note the fee to register a partnership is \$50. To proceed with the conversion, please correct your conversion documents to reflect your current business entity is a partnership and resubmit the conversion documents along with the enclosed registration statement and an additional fee of \$50.

This office strongly suggests that you seek legal advice concerning this matter.

The effective date of the conversion 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 listed in the Florida Articles of Incorporation, if any.

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.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 909A00035536

5 2021*4*

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

10.	Division of Corporations		
SUBJ	TERC HEARTS		
5010	Name of Limited Liability Company		
The er	osed Articles of Organization and fee(s) are submitted for filing.		
Please	turn all correspondence concerning this matter to the following:		
	Eugene J Samson Name of Person		
	O Name of Person		
			2065
	Firm/Company	空洞) <u>I</u>
	580 NW /19 street	200	8
	Address		
	Migmi Fl 33168		?
	City/State and Zip Code	Ş I.,	
	Treasure Villa a warm. com E-mail address: (to be used for future annual report notification)		
For fu	er information concerning this matter, please call:		
	Area Code & Daytime Telephone Number		
Enclo	d is a check for the following amount:		
\$125	O Filing Fee \$\bigcip\\$130.00 Filing Fee & \$\bigcip\\$155.00 Filing Fee & \$\bigcip\\$160.00 Filing Fee & Certificate of Status \$\bigcip\\$160.00 Filing Fee & Certificate of C	f Status py	s &
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
TERCHEARTS (Must end with the words "Limited Liability)	ty Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
580 nw 19 street Miximi F1 33168	580 Ni 119 street Miami 181 33168
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature:
The name and the Florida street address of the re	egistered agent are: (32) 55
580 NW 119 street	2: 04
Florida street address (P.O. Miami Fl City, State, an	FL 33168
	ccept service of process for the above stated limited

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)

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:

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
"MGR"	Eugene J Samson 580 nw 119 Street Migmi Fl 33168
/// · · · · · · · · · · · · · · · · · ·	A Ten
(Use attachment if necessary)	
LF V: Effective date if other than the	date of filing: OPTIONAL control of the con
LE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Adams	date of filing: e specific and cannot be more than five business da 2.000 2.
LE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of this document consthat the facts stated he	date of filing: e specific and cannot be more than five business da r or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury

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