(Requestor's Name)
(Address)
(1001000)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
4/6/03
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W10000001276
6
A. LUNT
JAN 29 2010

Office Use Only



700163681627

01/11/10~~01003~~020 **155.00



January 12, 2010

SEAN T. WOODARD P.O. BOX 300932 FERN PARK, FL 32730-0932

SUBJECT: SHELLY GORDON SALES, L.L.C.

Ref. Number: W1000001276

We have received your document for SHELLY GORDON SALES, L.L.C. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must submit Articles of Organization for the resulting Florida limited liability company along with the Certificate of Conversion. The Articles of Organization must be signed by a member or an authorized representative of a member.

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) 245-6094.

Letter Number: 810A00000901

Agnes Lunt Regulatory Specialist II

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Shelly	Gordon Sales, Lot.C. g Florida Limited Company)
(Name of Resulting	Florida Limited Company)
	rticles of Organization, and fees are submitted to
Please return all correspondence concerning	ng this matter to:
Sean T. Woodard (Contact Person) Shelly Gordon Sales, (Firm/Company)	
(Contact Person)	
Shelly Gordon Sales,	L.L.C.
(Firm/Company)	
P. O. Box 300932 (Address)	-
Fern PARK, FL 3273	20-0932
(City, State and Zip Code)	
For further information concerning this ma	atter, please call:
Sean T. Woodard	at (907) 262 - 0040 (Area Code and Daytime Telephone Number)
(Name of Contact Person)	(Area Code and Daytime Telephone Number)
Enclosed is a check for the following amo	unt:
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\$\$ \$155.00 Filing Fees and Certificate of Status	\$180.00 Filing Fees and Certified Copy \$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations P. O. Box 6327
Clifton Building 2661 Executive Center Circle	Tallahassee, FL 32314
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.

	Conversion is: Shelly Gordon Sales, INC.
	(Enter Name of Other Business Entity)
2. The "Othe	er Business Entity" is a Corporation.
l	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
first organize	d, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the name of the country)
on(Enter dat	1-5-73 e "Other Business Entity" was first organized, formed or incorporated)
3 If the inric	diction of the "Other Business Entity" was changed, the state or country
•	s of which it is now organized, formed or incorporated:
under the law	of the Florida Limited Liability Company as set forth in the attached rganization:
under the law 4. The name	of the Florida Limited Liability Company as set forth in the attached rganization:
4. The name	of the Florida Limited Liability Company as set forth in the attached

listed therein.)

	77
_	
ſ	
Γ	Π
	フ

Signed this 6th day of January	20_10
Signature of Member or Authorized Representa	tive of Limited Liability Company:
Signature of Member or Authorized Representative Printed Name: Sear T. Woodard	Title: President
Signature(s) on behalf of Other Business Entity: [3]	
Signature: A Than Printed Name: Sea To Indian Inc.	
Printed Name: Soan T. Woodard	Title: President / Owner
Signature:	
Signature: Printed Name:	_ Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	SHS ∞
Printed Name:	<u>-</u> υ, -
Signature:	ORA S.
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or C If Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liability Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partnership:
All others: Signature of an authorized person.	
Fees:	

Page 2 of 2

\$25.00

\$125.00

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

Certificate of Conversion:

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Com	
(Must end with the words "Lin	Fordor Sales, LLC. nited Liability Company," "L.L.C.," or "L.C.")
ARTICLE II - Address:	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1917 Hibiscus LN. Maitland, FL 32751	P.O. Dox 300932 Ferr PARK, FL 32730-0932
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address	gistered Office, & Registered Agent's Signature:
	s of the registered agent are: Woodard Name Nam Nam
1917 Hibisc Florida street add	ress (P.O. Box NOT acceptable)
<u>Maitland</u> City	FL 32751 y, State, and Zip
	t and to accept service of process for the above stated limited acted in this certificate, I hereby accept the appointment as

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGKM	Seav T. Woodard 1917 Hibiscus La Mailland, FL 32751
MGRM	Adrience S. Woodard 1917 Hibisaus LN Mailland, FL 32751
	SEGRETALIAHA
	JAN 28 PM 3: AHASSEE. FLORE
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date is listed, the date must be s	, , <u>8</u> 5
o or 90 days after the date of filing.)	pecific and cannot be more man five business days prior
REQUIRED SIGNATURE:	
Signature of a member o	r an authorized representative of a member.
(In accordance with section of this document constituen that the facts stated herein	n 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury are true.)
Sear	T. Woodard Torprinted name of signee
Filing Fees:	or printed name or signee

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)