L1000003006

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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03/17/10--01025--019 **150.00



C. LEWIS

MAR 1 8 2010

EXAMINER

COVER LETTER

TO: Registration Se Division of Co.			·
	•	Painting Florida Limited Company)	LLC
The enclosed Certifica convert an "Other Bus accordance with s. 608	iness Entity" into a "		and fees are submitted to ity Company" in
Please return all corres	spondence concerning	g this matter to:	
JOHN H	(Contact Person)		
	an Painting (Firm/Company)	, LLC	
	(Address)	-ac-c	
NO COMIL	TC 3 ty, State and Zip Code)	<u> </u>	
		C.G.M.	
For further information	n concerning this mat	ter, please call:	
John Ha	skell	at (941) 2	84.4986
(Name of Contact	Person)	(Area Code and Da	ytime Telephone Number)
Enclosed is a check for	the following amou	nt:	
(\$25 for Conversion	□\$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 A	DDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

FILED

2010 HAR 17 PM # 52

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>S - CONP POLODOLA5</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of Florica (Enter state, or if a non-U.S. entity, the name of the country)
on May 10, 2006. (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:
time Design Fainting, LCC.
Fine Design Painting, LLC. (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 15 day of March	20 10
Signature of Member or Authorized Represents	ative of Limited Liability Company:
Signature of Member or Authorized Representative	Exterior Same
Signature(s) on behalf of Other Business Entity Signature:	[See below for required signature(s).]
Signature: John HASICe LL	Title: President
Signature: Printed Name:	Title:
Signature:Printed Name:	TEAL
Signature:Printed Name:	TV4
Printed Name:	1 itle:
Signature:Printed Name:	
Signature:	
Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	cornorator must sign
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabilis Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	PH # 52 E. FLORIOA
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:
Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "L.C.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Same Mailing Address:
Nokomis Tol 34275
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 extine Elegide moistration.)
Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an
Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an
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:
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:
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:
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: Christa Haskell Name 116 Raphael Place
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: Christa Haskell Name Illa Raphael Place Florida street address (P.O. Box NOT acceptable)

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

FILED ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: 2010 MAR 17 PM 的 52 Name and Address: Title: SECRETARY OF STATE "MGR" = Manager TALLAHASSEE.FLORIDA "MGRM" = Managing Member Mgk. (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: (OPTIONAL) (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 Certificate of Conversion, if an effective date is listed therein.) **REQUIRED SIGNATURE:** Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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)

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