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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
SECRETARY OF STATE

S. HAWKES

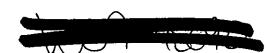
APR 2 3 2010

EXAMINER

S. HAWKES

OCT-2-7 2009

EXAMINER





October 28, 2009

KELLY DYER 345 4TH ST ATLANTIC BEACH, FL 32233

SUBJECT: INVENTORY SOURCE, LLC

Ref. Number: W09000048090

We have received your document for INVENTORY SOURCE, LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name you are requesting is unavailable, since it has been previously requested by another individual and the document was returned to the individual for corrections and has not yet been resubmitted.

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) 245-6955.

Letter Number: 309A00034233

Suzanne Hawkes Regulatory Specialist II

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	Inventory 5	source, LLC	
	(Name of Resulting	Florida Limited Compa	ny)
The enclosed Certi convert an "Other I accordance with s.	Business Entity" into a "	ticles of Organization Florida Limited Lia	on, and fees are submitted to bility Company" in
Please return all co	rrespondence concerning	g this matter to:	
Kelly Invent	(Contact Person) Fory Source (Firm/Company)		,
	(Firm/Company) H the S+. (Address)		
	(Address) Beach, FL (City, State and Zip Code)		
	tion concerning this ma		
••	^	· •	661-9173 Daytime Telephone Number)
	for the following amou		
\$150.00 Filing Fee: (\$25 for Conversion & \$125 for Articles of Organization)	3 \$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fee and Certified Copy	S 185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRE Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle	Registration Division of P. O. Box	f Corporations

Certificate of Conversion For

TO ARROW THE DESIGNATION OF THE PARTY OF THE

"Other Business Entity"

Into

Florida Limited Liability Company

This Certificate of Conversion <u>and attached Articles of Organization</u> 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: Triven tricy Source LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>LLC</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 Delaware
(Enter state, or if a non-U.S. entity, the name of the country)
on Nov. 21, 2002
(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: North Carelina
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Inventory Source LLC (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

,	
Signed this day of	_20 <u>04</u>
Signature of Member or Authorized Represent	ative of Limited Liability Company:
Signature of Member or Authorized Representative Printed Name: 12 19 19 19 19 19 19 19 19 19 19 19 19 19	e: //els/ Pitle:
Signature(s) on behalf of Other Business Entity:	
Signature: Kelly Dyer	· .
Printed Name: KElly Dyer	Title:
Signature:Printed Name:	Title:
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 If Directors or Officers have not been selected, an In	Officer. corporator must sign.
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
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

,	
Inventory Source	, LLC
(Must end with the words "Limited Liability Company," "LLC.")	the abbreviation "L.L.C.," or the designation
ARTICLE II - Address: The mailing address and street address of the Liability Company is:	the principal office of the Limited
Principal Office Address:	Mailing Address:
345 4th St Atlantic Boach, FL	345 4th St. Atlantic Bach, FL
3 223 °2	3 2 2 3 3

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 active Florida registration.)

ARTICLE I - Name:

The name of the Limited Liability Company is:

The name and the Florida street address of the registered agent are:

	elly Dy		
345	Nam Y 5	ie	
Florida street	address (P.O	. Box <u>N</u>	OT acceptable)
Atlantic	Beach	FL	32233
	City, Stat	te, and Z	ip

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

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	The state of the s
(EO (MGRM)	itelly Dyer
	345 4 5t.
	Atlantic Brach, =L
COO (MGRM)	A. A. A. Pouros
<u> </u>	Andrew Kuppar 1943 Beach Ave.
	Atlantic Beach, FL =
ective date: 1) cannot be prior to	(OPTIONAL) nor more than 90 days after the date
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