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(Requestor's Name)		
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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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SECTIONS OF STATE
ALLAHASSEF FLORINA

S. HAWKES

MAY 2 8 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TERUCO UC (Name of Resulting Florida Limited Company)
The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.
Please return all correspondence concerning this matter to:
Harry T. Roberts TERUCO UC (Firm/Company)
8485 SANGE BEACH Street
Tampa, FL 33634 hroberts Oterucouc. com
E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call: (Name of Contact Person) (Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount:
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\begin{array}{c} \$150.00 Filing Fees and Certificate of Status \end{array} \$\$180.00 Filing Fees and Certified Copy & Certified Copy, and Certificate of Status \end{array} \$\$125 for Articles & Certificate of Status \end{array} \$\$125 for Articles & Certificate of Status \end{array} \$\$185.00 Filing Fees & Certified Copy, and Certificate of Status \end{array} \$\$125 for Articles & Certificate of Status \end{array} \$\$185.00 Filing Fees & Certified Copy, and Certificate of Status \end{array} \$\$185.00 Filing Fees & Certified Copy & Certified Copy & Certificate of Status \end{array} \$\$185.00 Filing Fees & Certified Copy & Certified Copy & Certified Copy & Certificate of Status \end{array} \$\$185.00 Filing Fees & Certified Copy & Certificate of Status \end{array} \$\$185.00 Filing Fees & Certified Copy & Certified Copy & Certificate of Status \end{array} \$\$185.00 Filing Fees & Certified Copy & Certificate of Status \end{array} \$\$185.00 Filing Fees & Certified Copy & Certified Copy & Certificate of Status \end{array} \$\$185.00 Filing Fees & Certified Copy & Certified Copy & Certificate of Status \end{array} \$\$185.00 Filing Fees & Certified Copy & Certified Copy & Certificate of Status & Certificate & Certificate & Cert
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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: TERIICO IIC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LLC (Limited Linbility. C (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of(Enter state, or if a non-U.S. entity, the name of the country)
on 09/11/2008 (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:
N/A
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
TERUCO, LC
(Enter Name of Florida Limíted 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; <u>AND</u> 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 24 day of MAY	_20 <u>10</u> .			
Signature of Member or Authorized Representa	tive of Limited Liability Company:			
Signature of Member or Authorized Representative: How J. Muly J. Printed Name: Harry T. Roberts Title: Ounter				
Signature(s) on behalf of Other Business Entity: [
Signature: Horry T. Robelts 1	Horry J. Poblit =			
Printed Name: Hard T. Roberts	Title: Own Dev			
Signature:				
Printed Name:	_Title:			
Signature:	Es F			
Signature:Printed Name:	Title:			
	The state of the s			
Signature:Printed Name:	Title			
Tritted Name.	Title.			
Signature:Printed Name:				
Printed Name:	_ Title:			
Signature:				
Signature: Printed Name:	Title:			
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign.				
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.				
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.				
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

ARTICLE I - Name:	
The name of the Limited Liability Company is:	1000年まで
TERUCO, LLC	27 P
(Must end with the words "Limited Liability Company," the abl "LLC.")	previation "L.L.C.," or the designation of
ARTICLE II - Address:	36
The mailing address and street address of the pr Liability Company is:	incipal office of the Limited
Principal Office Address:	Mailing Address:
8485 SANDY BEACH Street TAMPA, FL 33634	8485 Saudy Beach Street Tampa, Flo 331634
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's
Signature: (The Limited Liability Company cannot serve as its own Registe individual or another business entity with an active Florida registration.)	ered Agent. You must designate an
The name and the Florida street address of the re	egistered agent are:
1 Harry T.	Roberts

Florida street address (P.O. Box NOT acceptable)

City, State, and Zip

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

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:	
Manager/owner	Harry T. Roberts 3435 SALDY BEACH STREE TAMPA, FUBBLOSH	
	OMAN 27 PH W 36	
(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 document is filed by the Florida Department the effective date listed in the attached Cerdate is listed therein.)	of State; AND 2) must be the same as	
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:	I name of 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)

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