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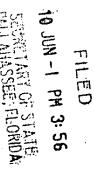
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Patrick D. Shields. LLC

(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:

| Patrick D. Shields | | | | |
|-----------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------|---------------|------------------------------------------------------------------------|
| | (Contact Person) | | descriptions. | |
| Patrick D. Shields, LLC | | | | |
| | (Firm/Company) | | | |
| 4428 Mizzenmast Ct. | | | | |
| | (Address) | | | |
| Ft. Myers, FL 33919 | | | | |
| (0 | City, State and Zip Code) | | | |
| pat@patshields.com | | | | |
| E-mail Address: (to b | e used for future annual re | port notifications | ;) | • |
| For further information | on concerning this man | tter, please cal | 1: | |
| Patrick D. Shields | | at (239 |) 344-99 | 948 |
| (Name of Conta | et Person) | | de and Day | ytime Telephone Number) |
| Enclosed is a check for | or the following amou | nt: | | |
| S \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) | □\$155.00 Filing Fees and Certificate of Status | \$180.00 Fili and Certified C | _ | □\$185.00 Filing Fees, Certified Copy, and Certificate of Status |

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 14, 2010

PATRICK D. SHIELDS 4428 MIZZENMAST COURT FT MYERS, FL 33919

SUBJECT: PATRICK D. SHIELDS, LLC

Ref. Number: W10000023691

We have received your document for PATRICK D. SHIELDS, LLC and your check(s) totaling \$175.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

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) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 510A00012252

FILED

Certificate of Conversion For "Other Business Entity" Into

10 JUN - 1 PM 3: 56 SECRETARY OF STATE PALLAHASSEE, ELORIDA

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.

| Certificate of Con Patrick D. Shields, L. | P |
|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| | (Enter Name of Other Business Entity) |
| 2. The "Other Bu | siness Entity" is a Limited Partnership |
| ` | r entity type. Example: corporation, limited partnership, neral partnership, common law or business trust, etc.) |
| first organized, for | rmed or incorporated under the laws of Texas |
| | ter state, or if a non-U.S. entity, the name of the country) |
| on October 19, 199 | 95 |
| | ther Business Entity" was first organized, formed or incorporated) |
| • | on of the "Other Business Entity" was changed, the state or country which it is now organized, formed or incorporated: |
| T | |
| Texas | · |
| | e Florida Limited Liability Company as set forth in the attached lization: |
| 4. The name of th | ization: |
| 4. The name of th Articles of Organ Patrick D. Shields. L | ization: |

| Signed this 11th day of May | 2010 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| Signature of Member or Authorized Representa | tive of Limited Liability Company: |
| Signature of Member or Authorized Representative Printed Name: Patrick D. Shields | Title: Managing Member |
| Signature(s) on behalf of Other Business Entity: | See below for required signature(s).] |
| Signature: Patrick D. Shields MM for Captian Pat, LL | C. Title: General Partner |
| Timou (vanie ; and a second company | o Title. |
| Signature:Printed Name: | 731 |
| rrinted Name: | little: |
| Signature: | |
| Signature:Printed Name: | Title: |
| Signature: | |
| Signature:Printed Name: | Title: |
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| Signature:Printed Name: | Title |
| Timod 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 Inc | corporator must sign. |
| If Florida General Partnership or Limited Liabili | v Partnershin: |
| Signature of one General Partner. | |
| If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners. | y 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

| • | Dari | OT | 10 | T | Nam | |
|---|------|----|------|-----|-----|----|
| А | KII | | , Н. | 1 - | Nam | ۰. |

The name of the Limited Liability Company is:

Patrick D. Shields, LLC

(Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

| Principal Office Address: | Mailing Address: |
|---------------------------|---------------------|
| 4428 Mizzenmast Ct. | 4428 Mizzenmast Ct. |
| Ft. Myers, FL 33919 | Ft. Myers, FL 33919 |
| | |

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.)

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

| | Name |
|---------------------|-------------------------------|
| 4428 Mizzenmast Ct. | |
| Florida street addr | ess (P.O. Box NOT acceptable) |
| Ft. Myers | FL 33919 |

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:

| "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MGRM | Patrick D. Shields 4428 Mizzenmast Ct. Ft. Myers, FL 33919 |
| | |
| | |
| | (Use attachment if necessary) |
| | (OPTIONAL) nor more than 90 days after the date this |
| ffective date: 1) cannot be prior to nent is filed by the Florida Departme | (OPTIONAL) |
| ffective date: 1) cannot be prior to nent is filed by the Florida Departme fective date listed in the attached C listed therein.) REQUIRED SIGNATURE: | (OPTIONAL) nor more than 90 days after the date this nt of State; <u>AND</u> 2) must be the same as |
| ffective date: 1) cannot be prior to ment is filed by the Florida Departme fective date listed in the attached Colisted therein.) REQUIRED SIGNATURE: Signature of a member or an automatical distribution of the section 608.4 | (OPTIONAL) nor more than 90 days after the date this ent of State; AND 2) must be the same as dertificate of Conversion, if an effective thorized representative of a member. 408(3), Florida Statutes, the execution firmation under the penalties of perjury |
| ffective date: 1) cannot be prior to note the is filed by the Florida Departme fective date listed in the attached Colisted therein.) REQUIRED SIGNATURE: Signature of a member or an autofiliation (In accordance with section 608.4 of this document constitutes an after that the facts state Patrick D. Shields | (OPTIONAL) nor more than 90 days after the date this ent of State; AND 2) must be the same as dertificate of Conversion, if an effective thorized representative of a member. 408(3), Florida Statutes, the execution firmation under the penalties of perjury ated herein are true.) |
| ffective date: 1) cannot be prior to note the is filed by the Florida Departme fective date listed in the attached Colisted therein.) REQUIRED SIGNATURE: Signature of a member or an autofiliation (In accordance with section 608.4 of this document constitutes an after that the facts state Patrick D. Shields | (OPTIONAL) nor more than 90 days after the date this ent of State; AND 2) must be the same as dertificate of Conversion, if an effective thorized representative of a member. 408(3), Florida Statutes, the execution firmation under the penalties of perjury |

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2