10000013334

(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:

L. SELLERS

JUN 1 5, 2010

EXAMINER

Office Use Only



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SECRETARY OF STATE
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ACTUAL

COVER LETTER

TO:	Registration S Division of C				
CHINA	ECT: Refine Y	ī			
SORI	ECT: Kerne A	(Name of Resulting	Florida Limite	d Company)
conve		isiness Entity" into a "	_		and fees are submitted to lity Company" in
Please	return all corre	espondence concernin	g this matter	to:	
Mary A	Ann Thompson				
		(Contact Person)			
Refine	Your Design LL	С			
-		(Firm/Company)		<u> </u>	
1428C	West Joppa Road	:			
	<u> </u>	(Address)			
Towso	n, MD 21204				
	((City, State and Zip Code)			
Marya	nn@refineyourdes	ign.biz			
E-n	nail Address: (to b	e used for future annual re	port notification	ns)	
For fu	rther informati	on concerning this ma	tter, please ca	all:	
Mary A	Ann Thompson		_at (_410) 832-8	8881
	(Name of Conta	ct Person)		Code and D	aytime Telephone Number)
Enclo	sed is a check f	for the following amou	ınt:		
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles unization)	\$155.00 Filing Fees and Certificate of Status	\$180.00 F and Certified		☑\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STRE	ET ADDRES	S:	MA	AILING A	ADDRESS:
	tration Section		Reg	gistration	Section
D::.:			D:-	:.:	

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

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: Refine Your Design LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a limited liability corporation-single person
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of Maryland
(Enter state, or if a non-U.S. entity, the name of the country)
on November, 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:
Refine Your Design 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.)

Page 1 of 2

JUN 14 PH 12: 54

Signed this 10th day of June	2010
Signature of Member or Authorized Represent	ative of Limited Liability Company:
Signature of Member or Authorized Representativ Printed Name: Mary Ann Thompson	e: <u>Nuryhn Thmy</u> Title: <u>owner, interior decorator</u>
Signature(s) on behalf of Other Business Entity:	
Signatura: Marylon Mono	en
Signature: Mary Ann Thompson	Title: owner, interior decorator
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	
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	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
<u>If Florida Limited Partnership or Limited Liabili</u> Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Certificate of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Refine Your Design (Must end with the words "L"LLC.")	LLC .imited Liability Company	'the abbreviation "L.L.C.," or the designation
ARTICLE II - Addr The mailing address a Liability Company is	and street address o	the principal office of the Limited
Principal Office Add	dress:	Mailing Address:
Mary Ann Thompson		1428C West Joppa Road
ARTICLE III - Regi Signature: (The Limited Liability Compindividual or another	pany cannot serve as its ov	Stered Office, & Registered Agent's Registered Agent. You must designate an
ARTICLE III - Regi Signature: (The Limited Liability Compindividual or another business entity with an action The name and the Flo	ve Florida registration.) orida street address of Mary 1	stered Office, & Registered Agent's Registered Agent. You must designate an f the registered agent are: https://www.day.org.com/ Name,#1401
ARTICLE III - Regi Signature: (The Limited Liability Compindividual or another business entity with an action The name and the Flo	ve Florida registration.) orida street address of Mary 1	stered Office, & Registered Agent's Registered Agent. You must designate an f the registered agent are: hn Thompson Mayaman Name
ARTICLE III - Regisignature: (The Limited Liability Compindividual or another business entity with an action The name and the Florida	ve Florida registration.) orida street address of Mary 1	stered Office, & Registered Agent's Registered Agent. You must designate an f the registered agent are: https://www.day.org.com/ Name,#1401

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, 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..

NAYAM MMySn
Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2 SECRETARY OF STATE

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	Mary Ann Thompson
	1428C West Joppa Road
	Towson, MD 21204
	(Use attachment if necessary)
ective date: 1) cannot be prior to n	date of filing: (OPTIONAL) or more than 90 days after the date nt of State; AND 2) must be the sam
nt is filed by the Florida Department is the date listed in the attached Constant the stracked Constant (Security 2018). REQUIRED SIGNATURE:	(OPTIONAL) or more than 90 days after the date nt of State; <u>AND</u> 2) must be the same ertificate of Conversion, if an effec
ective date: 1) cannot be prior to not is filed by the Florida Departmentive date listed in the attached Content the content of the content o	(OPTIONAL) or more than 90 days after the date nt of State; <u>AND</u> 2) must be the same ertificate of Conversion, if an effec
ective date: 1) cannot be prior to not is filed by the Florida Department ive date listed in the attached Costed therein.) REQUIRED SIGNATURE: Signature of a member or an autof (In accordance with section 608.4 of this document constitutes an affirm of the section of the se	(OPTIONAL) or more than 90 days after the date nt of State; <u>AND</u> 2) must be the sam ertificate of Conversion, if an effec
ective date: 1) cannot be prior to not is filed by the Florida Departmentive date listed in the attached Costed therein.) REQUIRED SIGNATURE: Signature of a member or an autof this document constitutes an affithat the facts stated the state of the st	(OPTIONAL) or more than 90 days after the date nt of State; AND 2) must be the same ertificate of Conversion, if an effect where the conversion of the conve
ective date: 1) cannot be prior to not is filed by the Florida Departmentive date listed in the attached Costed therein.) REQUIRED SIGNATURE: Signature of a member or an autof this document constitutes an affithat the facts stated the state of the st	(OPTIONAL) or more than 90 days after the date nt of State; AND 2) must be the same ertificate of Conversion, if an effect which horized representative of a member 08(3), Florida Statutes, the execution irmation under the penalties of perjury
ective date: 1) cannot be prior to not is filed by the Florida Departmentive date listed in the attached Costed therein.) REQUIRED SIGNATURE: Signature of a member or an autoful of this document constitutes an affithat the facts stated the state of t	(OPTIONAL) or more than 90 days after the date nt of State; AND 2) must be the same ertificate of Conversion, if an effect where the conversion of the conve

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)
Page 2 of 2