# L10000075031

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

TO: Registration Section Division of Corporations	•	
SUBJECT: INMOUNTION HEIGHTS (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	is matter to:	
ERIK A. HEIDT (Contact Person)	· · · · · · · · · · · · · · · · · · ·	
THNOUATION HEIBHTS, (Firm/Company)	<del></del>	
3062 Doxberry Ct. (Address)	<del></del>	
Clearwater, El 337 (City, State and Zip Code)	-61	
drummers leash @ aol. co E-mail Address: (to be used for future annual report i	<u>m</u>	
For further information concerning this matter,		
(Name of Contact Person) at	(727) 787-1951 (Area Code and Daytime Telephone Number)	
Enclosed is a check for the following amount:		
	\$180.00 Filing Fees, I Certified Copy 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	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDAT

## Certificate of Conversion For

### "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:  THEIGHTS INC POS-209  (Enter Name of Other Business Entity)			
(Enter Name of Other Business Entity)  2. The "Other Business Entity" is a S Corporation, limited partnership, general partnership, common law or business trust, etc.)			
(Enter state, or if a non-U.S. entity, the name of the country)			
on December 31, 2007.  (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:			
INNOVATION HELOHTS, 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 7th day of July	20 <b>10</b> .	
Signature of Member or Authorized Representative of Limited Liability Company:		
Signature of Member or Authorized Representative Printed Name: <b>EQIK</b> . A. HEIDT	Title: PRESIDENT/Chairman	
Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]		
Signature: Steven R. Heidt Printed Name:		
Printed Name: 57EVEN R. HEIDT	Title: VICE PRESIDENT- PIRECTOR	
Signature: Printed Name:	m'st	
Printed Name:	Title:	
Signature:Printed Name:		
Printed Name:	Title:	
Signature: Printed Name:		
Printed Name:	Title:	
Signature:Printed Name:	av.i	
Printed Name:	Title:	
Signature:Printed Name:		
Printed Name:	Title:	
If Florida Corporation:	0.00	
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:	<b>.</b>	
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:		
TNNOUATION HEIGHTS, 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:		
3062 Doxberry Ct. Clearwater, Fl 33761		
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  3062 Doxberry Ct.  Florida street address (P.O. Box NOT acceptable)		
Clearweter FL 3376/ 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		

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 000, F.B.

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:	
MGR	ERIK A. HGIDT 3062 Doxberry Ct. Clearwater, Fl 33761	
MGB	Steven R. HEIDT 3062 Doxberry Ct. Clearwater, Fl 33761	
	**************************************	
	(Use attachment if necessary)	
The effective date: 1) cannot be prior to nor locument is filed by the Florida Department the effective date listed in the attached Certalate is listed therein.)	of State; AND 2) must be the same as	
REQUIRED SIGNATURE:  Cib O Healt	rized representative of a member	
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 peraltry that the facts stated herein are true.)  ERIK. A. HEIDT  Typed or printed name of signee		
Filing Fees: \$125.00 Filing Fee for Articles of O	STATI FLORI	
of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional) Page 2 of	onal)	