L10000094915

· (Re	questor's Name)	
(Address)		
(Address)		
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



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10 SEP -9 PM 1:48

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10-35434

T. HAMPTON

SEP 1 0 2010

EXAMINER

COVER LETTER

Division of C			
SUBJECT:	Eire Subs (Name of Resulting	ea Consultani Florida Limited Company	ts L.L.C.
	siness Entity" into a "	ticles of Organization, Florida Limited Liabil	and fees are submitted to ity Company" in
Please return all corre	espondence concerning	g this matter to:	
Lynda	Ha Haway (Contact Berson)		·
,	(Firm/Company)	<u></u>	
_ 13095E	Salerno Kd (Address)		
Stuart (FL 34997-4 City, State and Zip Code) 7 @ netzero Co e used for future annual re	6419	
	on concerning this ma		
Lynda F. (Name of Conta	ta ta way ct Person)	_at (<u>772</u>) <u>2</u> (Area Code and Da	86-56 80 Aytime Telephone Number)
Enclosed is a check f	or the following amou	int:	
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS Registration Section Division of Corporati Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons er Circle	MAILING A Registration S Division of C P. O. Box 63 Tallahassee,	Section Corporations 27



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

10 SEP -9 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

August 20, 2010

LYNDA HATAWAY 1309 SE SALERNO RD STUART, FL 34997-6419

SUBJECT: EIRE SUBSEA CONSULTANTS LLC

Ref. Number: W10000039424

We have received your document for EIRE SUBSEA CONSULTANTS LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Organization, if any.

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) 245-6855.

Tammy Hampton Regulatory Specialist II

Letter Number: 610A00020093

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:
Eire Subsea Consultants LLC.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(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)
on9/28/2006
(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:
7
4. The name of the Florida Limited Liability Company as set forth in the attached
Articles of Organization:
Eire Subseq Consultants 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 _

listed therein.)

Signed this 6th day of Gugust	20		
Signature of Member or Authorized Represent	ative of Limited Liability Company:		
Signature of Member or Authorized Representative Printed Name: Robert W. Steen	_ Title: Managing Member		
Signature(s) on ochalf of Other Business Entity: [See below for required signature(s).]			
Signature: Nobert W Steen	Title: Member / Managing		
Signature:Printed Name:			
Signature:Printed Name:			
Signature: Printed Name:			
Signature: Printed Name:	Title:		
Signature:Printed Name:			
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.	ల 		
Fees:	10 SE		
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

The mailing address and street address of the principal office of the Limited

Mailing Address:

ARTICLE I - Name:

ARTICLE II - Address:

Principal Office Address:

Liability Company is:

The name of the Limited Liability Company is:

385 S.W. St. Lucie Street Stuart FL 34997

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:
Robert W. Steen
Robert W Steen Name Name St. Loucie Street
Florida street address (P.O. Box NOT acceptable)
5tuart FL 34997
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:
MGRM_	Robert WSteen 385 5WSt. Lucie St.
MERM	Lynde Hataway 1309 SF Solernard
	(Use attachment if necessary)
ARTICLE V: Effective date, if other than the da (The effective date: 1) cannot be prior to nor document is filed by the Florida Department the effective date listed in the attached Cert date is listed therein.) REQUIRED SIGNATURE:	(OPTIONAL) more than 90 days after the date this of State; AND 2) must be the same as tificate of Conversion, if an effective
Signature of a member or an author (In accordance with section 608.408 of this document constitutes an affirm that the facts stated	B(3), Florida Statutes, the execution nation under the penalties of perjury
Robert W 51 Typed or printed	teen 3
Filing Fees:	I name of signee CRETARY OF CO 9
\$125.00 Filing Fee for Articles of O of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional) Page 2 of	ORATIONS ORATIONS Onal)