# L10000096133

ı
(Requestor's Name)
(Address)
, , ,
(Address)
(Addless)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer
Special Instructions to Filing Officer:





100185264251

100185264251 09/13/10--01023--023 \*\*150.00

SECRÉTARY OF STATES

PAUN CEP 13 PM 4:

C. LEWIS

SEP 1 4 2010

EXAMINER

### COVER LETTER

Tallahassee, FL 32301

•ТО:	Registration S Division of C			
		•		
SUBJI	ECT: JC FLOC	RING SERVICES (Name of Resulting	Florida Limited Company)	)
The en	closed Certific	•		and fees are submitted to
conver		isiness Entity" into a "	Florida Limited Liabil	
Please	return all corre	espondence concernin	g this matter to:	
Juan Ca	rios Lugo			
		(Contact Person)		
JC FLO	ORING SERVIC			
		(Firm/Company)		
1982 W	estpointe Circle	<u>, , , , , , , , , , , , , , , , , , , </u>		
		(Address)		
Orlando	, FL 32835			
	(0	City, State and Zip Code)		
	ncarlos@hotmail.		17	
E-ma	ail Address: (to b	e used for future annual re	port notifications)	
For fur	ther informati	on concerning this ma	tter, please call:	
Juan Ca	rlos Lugo		at ( 407 ) 453	-8776
	(Name of Conta	ct Person)		nytime Telephone Number)
Enclos	ed is a check f	or the following amou	int:	
(\$25 for & \$125	0.00 Filing Fees Conversion for Articles nization)	\$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
STRE	ET ADDRES	S:	MAILING A	ADDRESS:
_	ration Section		Registration	
	on of Corporat Building	ions	Division of C P. O. Box 63:	•
	Executive Cent	er Circle	Tallahassee,	

FILED

## For "Other Business Entity"

**Certificate of Conversion** 

Into

#### Florida Limited Liability Company

2010 SEP 13 PM 4: 15 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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" im Certificate of Conversion is:  JC FLOORING SERVICES		•
(Enter Name of Oth		
2. The "Other Business Entity" is a (Enter entity type. Example: congeneral partnership, common	Corporation rporation, limite law or business	Po5000097539 ed partnership, s trust, etc.)
first organized, formed or incorporated under the (Enter state, or if a non-U.S. en		
on 7/11/2005  (Enter date "Other Business Entity" was for the jurisdiction of the "Other Business Entity" was for under the laws of which it is now organized, for the sum of the laws of which it is now organized.	tity" was change	d, the state or country
4. The name of the Florida Limited Liability C Articles of Organization:	ompany as set fo	rth in the attached
JC FLOORING SERVICES, LLC		•
(Enter Name of Florida Lin	nited Liability C	Company)
5. If not effective on the date of filing, enter the (The effective date: 1) cannot be prior to not document is filed by the Florida Department effective date listed in the attached Articles of listed therein.)	r more than 90 c t of State; <u>AND</u> 2	lays after the date this 2) must be the same as the

20 <sup>10</sup>	
ative of Limited Liabilit	y Company:
re: Title Director/Owner	Mer
/  See below for required s	ignature(s).]
•	
Title: presiden	+
·	
Title:	
Title:	*
Officer	
	7010 SEP 13
tr Dautnovskin	SER TI
ty raitmership.	E E E E
ty Limited Partnership:	F.S.
	K 4: 15
	<b>2</b>
\$25.00	
\$125.00	
	Title: Director/Owner  [See below for required s

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na		
ine name of the i	imited Liability Co	ompany is:
JC FLOORING SE (Must end with the work "LLC.")		npany," the abbreviation "L.L.C.," or the designation
ARTICLE II - A The mailing addre Liability Company	ess and street address	es of the principal office of the Limited
Principal Office	Address:	Mailing Address:
1982 Westpointe Circ	ele	1982 Westpointe Circle
Orlando, FL 32835		Orlando, FL 32835
individual or another business entity with an	active Florida registration Florida street addre  Juan Carlos Lugo  1982 Westpointe Cir	Name cle
	Florida street add	lress (P.O. Box <u>NOT</u> acceptable)
	Orlando,	FL 32835 City, State, and Zip
above stated limi hereby accep capacity. I furth the proper and	ited liability compar it the appointment as ner agree to comply complete performan ligations of my posit Chap	gent and to accept service of process for the my at the place designated in this certificate, I is registered agent and agree to act in this with the provisions of all statutes relating to accept of my duties, and I am familiar with and thion as registered agent as provided for in other 608, F.S

(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	Juan Carlos Lugo
· · · · · · · · · · · · · · · · · · ·	1982 Westpointe Circle
	Orlando, FL 32835
MGR	Elizabeth Lugo
<del></del>	1982 Westpointe Circle
	Orlando, FL 32835
	(Use attachment if necessary)
ective date: 1) cannot be prior to	(OPTIONAL) nor more than 90 days after the date this
nt is filed by the Florida Departme	
ective date: 1) cannot be prior to nt is filed by the Florida Departme ctive date listed in the attached (	(OPTIONAL) nor more than 90 days after the date this ent of State; <u>AND</u> 2) must be the same as
ective date: 1) cannot be prior to nt is filed by the Florida Departmentive date listed in the attached (sisted therein.)  REQUIRED SIGNATURE:	(OPTIONAL) nor more than 90 days after the date this ent of State; <u>AND</u> 2) must be the same as
rective date: 1) cannot be prior to nt is filed by the Florida Departmentive date listed in the attached (sisted therein.)  REQUIRED SIGNATURE:  Signature of a member or an automatic of this document constitutes an automatic data.	(OPTIONAL) nor more than 90 days after the date this ent of State; <u>AND</u> 2) must be the same as Certificate of Conversion, if an effective
rective date: 1) cannot be prior to nt is filed by the Florida Departmentive date listed in the attached disted therein.)  REQUIRED SIGNATURE:  Signature of a member or an author of this document constitutes an author the facts standards.	(OPTIONAL) nor more than 90 days after the date this ent of State; AND 2) must be the same as Certificate of Conversion, if an effective athorized representative of a member.  408(3), Florida Statutes, the execution ffirmation under the penalties of perjury tated herein are true.)
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\$ 5.00 Certificate of Status (Optional)

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