L10000104399

(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:

A. LUNT

OCT - 6 2010

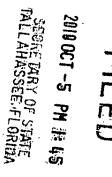
EXAMINER

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: All wright (Name of Resulting	Florida Limited Company	,,LLC	
The enclosed Certificate of Conversion, Ar convert an "Other Business Entity" into a "accordance with s. 608.439, F.S.	_		d to
Please return all correspondence concerning	g this matter to:		
Troy Wright (Contact Person)		,	
All Wright Corpertry (Firm/Company)	g, LLC	PĂLL A	2010 O
6000 McGader F	39	HASSEE	CT -5
Mercit Island, FL (City, State and Zip Code)	32953_	SFLORIDA	PM HE 45
E-mail Address: (to be used for future annual re			
For further information concerning this mat	tter, please call:		
(Name of Contact Person)		28-6720 Aytime Telephone Number	·)
Enclosed is a check for the following amou	nt:		
\$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 Corporations Clifton Building 2661 Executive Center Circle	MAILING A Registration S Division of C P. O. Box 633 Tallahassee, 1	Section Corporations 27	
·			

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: (Must end with the words Limited Liability Company," the abbreviation "L.L.C.," or the design for "L.L.C.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
4909 NUST HUY Ste A 108 Cocoa FL 32927 Cocoa FL 32927 Merritt Island, FL 32953
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 Name Name Name None Plorida street address (P.O. Box NOT acceptable)

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	Troy Woright 6770 McGruder Pd Merritt Island, FL 32953
	28 8 0C TALL TALL TALL TALL TALL TALL TALL TAL
	(Use attachment if necessary)
ARTICLE V: Effective date, if other than the (The effective date: 1) cannot be prior to a document is filed by the Florida Department the effective date listed in the attached C	(OPTIONAL) or more than 90 days after the date this ent of State; AND 2) must be the same as

date is listed therein.)

REQUIRED SIGNATURE:

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 perjury that the facts stated herein are true.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)