110000104742

(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
967482010 REXAMINER
YEXAMINER

Office Use Only

A. LUNT OCT - 7 2010

EXAMINER



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DEPARTMENT OF STATE
IVISION OF CORPORATIONS
TALLAHASSEF FI OBINA

10 0CT -7 AM 9: 15

COVER LETTER

TO: Registration Section

Division of Corporations		
SUBJECT: McAsh B	usiness Systems, LLC ne of Resulting Florida Limited Company)	-
	on, Articles of Organization, and fees are submitted da Limited Liability Company" in accordance with	
Please return all correspondence conce	erning this matter to:	
Teny Mclae		
McAsh Business (Firm/Company)	Sys Jenes	10 0C
7004 Moining Do	ve Rol.	DOT -7 AM 9: 19
City, State and Zip C	2 32312 Code)	6. FLO
E-mail address: (to be used for future annual	report notifications)	
For further information concerning the	is matter, please call:	
(Name of Contact Person)	at (850) 893-9234 (Area Code and Daytime Telephone Number)	_
Enclosed is a check for the following	amount:	
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$155.00 Filing Fee 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 Tallahassee, FL 32301	MAILING ADDRESS: Registration Section 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 <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: Mc Ash Business Systems, Inc. (Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of tour da
(Enter state, or if a non-U.S. entity, the name of the country)
on 9/8/2009 (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:
McAsh Business Systams, 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.)
6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting the conversion.

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is

currently organized, formed or incorporated.

Signed this 6th day of 6chol	2010.			
Signature of Member or Authorized Rep Individual signing affirms that the facts sta constitutes a third degree felony as provide	ated in this document are true. Any false in ed for in s.817.155, F.S.	formati	on	
Signature of Member or Authorized Repres Printed Name: Ferrence C. McCo	entative: Title: Prosident /CE	0		
Signature(s) on behalf of Other Business E this document are true. Any false informat s.817.155, F.S. [See below for required sign	ion constitutes a third degree felony as pro			d in
Signature	_			
Signature: Printed Name: Losses C. M.C.	Title: flosident/COO	<u> </u>		
Signature:				
Signature:Printed Name:	Title			
Timed Name.	Title,			
Signature: Printed Name: Signature: Printed Name: Signature: Printed Name:			<u> </u>	
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Signature		مدائدة . ا		
Signature:Printed Name:	Title			
Timted Name.	11110.			
If Florida Corporation: Signature of Chairman, Vice Chairman, Directors or Officers have not been selected.				
If Florida General Partnership or Limited Signature of one General Partner.	<u>Liability Partnership:</u>			
If Florida Limited Partnership or Limited Signatures of ALL General Partners.	Liability Limited Partnership:			
All others: Signature of an authorized person.				
Fees:				
Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)			
	Page 2 of 2			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

McAsh Business Sustams, 1-LC

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company, the abbrevia	ation "L.L.C.," or the designation "LLC.")
ARTICLE II - Address: The mailing address and street address of the princ	ipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2004 Morning Dave PO. Tallahassa, Ft 32312	Zeoy Moining Das RD. Tallahassee, Fi 32312
ARTICLE III - Registered Agent, Registered O (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	ffice, & Registered Agent's Signature:
The name and the Florida street address of the regi	stered agent are:
	C. Mc Cve
Zoo4 Moinin Florida street address (P.	O. Box NOT acceptable)
Talla has sae City, Sta	FL ろころ12 ate, 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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Mo	Name and Address:
MGRM	Levence C. McCoop Zeoy Morming Dovo Fd. Tallahassop, Pr 32312
	TARES OF THE SECOND SEC
	ASSET 0 8 F
	OR OR
(Use attachment if necessar	ıry)
The effective date: 1) cannot b	other than the date of filing: (OPTIONAL) The prior to nor more than 90 days after the date this document is filed by the; AND 2) must be the same as the effective date listed in the attached effective date listed therein.)
EQUIRED SIGNATURE:	
Signature of a mem	ber or an authorized representative of a member.
(In accordance with section 608 the penalties of perjury that the document to the Department o	8.408(3), Florida Statutes, the execution of this document constitutes an affirmation under a facts stated herein are true. I am aware that any false information submitted in a facts constitutes a third degree felony as provided for in s.817.155, F.S.) Typed or printed name of signee
	2101000 1000

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