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PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nar	ne)
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Certified Copies	_ Certificates	s of Status
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FILED 10 OCT 27 PM 12: 40 SECRETARY OF STATE SHORIDA SECRETARY OF STATE

J. BRYAN

OCT 28 2010

**EXAMINER** 

# **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: JS & Sons LLC		
(Name o	of Resulting Florida Limited Compa	iny)
The enclosed Certificate of Conversion, "Other Business Entity" into a "Florida l'Please return all correspondence concern	Limited Liability Company" i	
William Snethen		
(Contact Person)		£8. 6.
JS & Sons, Inc.		GG CC
(Firm/Company)		## 27
2291 Kimberwicke Cir		SET P
(Address)		E E E
Oviedo, FL 32765		10 OCT 27 PHIC.
(City, State and Zip Cod	e)	jar'
jims4266@yahoo.com		
E-mail address: (to be used for future annual rep	ort notifications)	
For further information concerning this	natter, please call:	
Cindy Boyd	at (_407)_625-60	)25
(Name of Contact Person)	(Area Code and Daytim	e Telephone Number)
Enclosed is a check for the following am	eount:	
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$155.00 Filing Fees and Certificate of Status	□and Certified Copy □Ce	85.00 Filing Fees, rtified Copy, and rtificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADD Registration Section of Corporation of Corporation of Corporation of Section 11 (1997). Tallahassee, FL 1997	ion orations

### **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:
Conversion is: # P10000045260.
(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 Florida
(Enter state, or if a non-U.S. entity, the name of the country)
on <u>5/26/2010</u>
(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:
<u>Florida</u> .
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
JS & Sons, 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 20th day of October	20 <u>10</u> .	
	resentative of Limited Liability Company: ated in this document are true. Any false infored for in s.817.155, F.S.	rmation
Signature of Member or Authorized Repres Printed Name: William J Snethen	entative: x William Juliam Title: Managing Member	<u>.</u>
this document are true. Any false informat s.817.155, F.S. [See below for required sign	ntity: Individual(s) signing affirm(s) that the ion constitutes a third degree felony as providuature(s).}	
Signature: Cynthia R Boyd	Tidle	-
Printed Name: Cynthia R Boyd	Title: Manager	•
Signature:	m: I	-
Printed Name:		FILED PHIZ: 40 10 OCT 27 PHIZ: 40 SECRETARY OF STATE TALLAHASSEE, FLORIO
Signature:Printed Name:		
Printed Name:	Title:	一题之后
Printed Name:	Title:	
Signature		95 <b>5</b>
Printed Name:		i jin
Singaton		·
Signature:Printed Name:	Title:	
		,
<u>If Florida Corporation:</u> Signature of Chairman, Vice Chairman, Direc	ntor or Officer	
If Directors or Officers have not been selected		
If Florida General Partnership or Limited Signature of one General Partner.	Liability Partnership:	
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	

ARTICLE II - Name: The name of the Limited Liability Company is:    JS & Sons, LLC.	ARTICLES OF ORGANIZATION FO	OR FLORIDA LIMITED LIABILITY COMPANY
The name of the Limited Liability Company is:  JS & Sons, 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:  2291 Kimberwicke Cir  Oviedo. FL 32765  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:  William J Snethen  Name  2291 Kimberwicke Cir  Florida street address (P.O. Box NOT acceptable)  Oviedo  FL 32765  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	ARTICLE L. Name	SEC OF
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Registered Ageny's Signature (REQUIRED)	Pagista	Pred Agent's Signature (REOLURED)

Page 1 of 2

(CONTINUED)

Title:	Name and Address:
"MGR" = Manager	TE C
"MGRM" = Managir	ng Member
MGRM	Name and Address:  William J Snethen  2291 Kimberwicke Cir Oviedo, FL 32765
	2291 Kimberwicke Cir
	Oviedo, FL 32765
MGR	Cynthia Boyd
	2291 Kimberwicke Cir
	Oviedo, FL 32765
<u> </u>	
(Use attachment if no	ecessary)
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