

L10000129033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

P1-3409

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEGA PAWN & JEWELRY, LLC.
(Name of Resulting Florida Limited Company)

The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.

Please return all correspondence concerning this matter to:

DAVE LARSON
(Contact Person)
MEGA PAWN
(Firm/Company)
4006 W. VINE ST.
(Address)
KISSIMMEE, FL 34741
(City, State and Zip Code)

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For further information concerning this matter, please call:

DAVE LARSON at (407) 201-3578
(Name of Contact Person) (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 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
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 **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:

MEGA PAWN & JEWELRY, INC.

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a CORPORATION.
(Enter entity type. Example: corporation, limited partnership, sole proprietorship, 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 JAN. 12, 2010

(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**:

MEGA PAWN & JEWELRY, LLC.

(Enter Name of Florida Limited Liability Company)

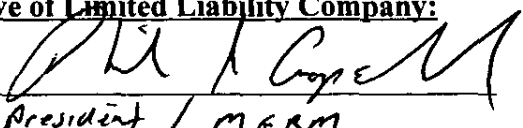
5. If not effective on the date of filing, enter the effective date: _____

(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.)

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FLORIDA

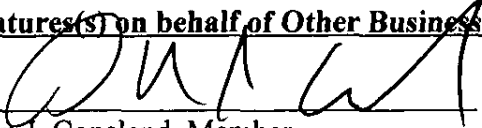
Signed this 10th day of December, 2010


Signature of Member or Authorized Representative of Limited Liability Company:

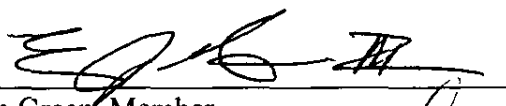
Signature of Member or Authorized Representative: 

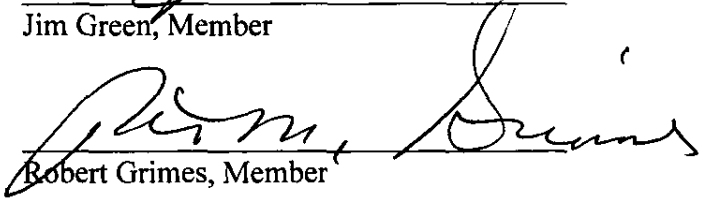
Printed Name: Phillip J. Copeland Title: President / M.E.M.

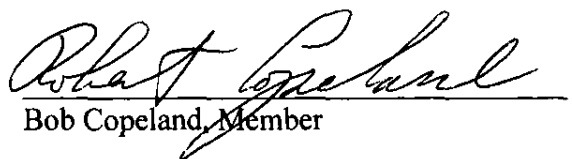
Signature(s) on behalf of Other Business Entity:

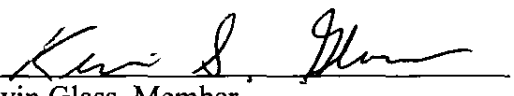

Phillip J. Copeland, Member


David A. Larson, Member


Jim Green, Member


Robert Grimes, Member


Bob Copeland, Member


Kevin Glass, Member

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MEGA PAWN & JEWELRY, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "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:

4006 W . Vine Street
Kissimmee, Florida 34741

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:

C. Michael Magruder, Esquire

Name

203 S. Clyde Avenue

Florida street address (P.O. Box **NOT** acceptable)

Kissimmee FL 34741

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)

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ARTICLE IV-Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Phillip J. Copeland
1050 Partin Drive
Kissimmee, FL 34744

MGRM

David A. Larson
c/o 4006 W. Vine St.
Kissimmee, FL 34741

MGRM

Jim Green
c/o 4006 W. Vine St.
Kissimmee, FL 34741

MGRM

Robert Grimes
c/o 4006 W. Vine St.
Kissimmee, FL 34741

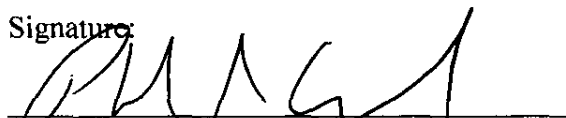
MGRM

Bob Copeland
c/o 4006 W. Vine St.
Kissimmee, FL 34741

MGRM

Kevin Glass
c/o 4006 W. Vine St.
Kissimmee, FL 34741

Signature:



Phillip J. Copeland, Managing 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.)

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TALLAHASSEE, FLORIDA

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