L1000130862

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

G. MCLEOD Only

DEC 23 2010

EXAMINER



500188828405

12/21/10--01021--013 **150.00

10 DEC 21 PM 3: 40
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

COVER LETTER

TQ: Registration Section Division of Corporations

2661 Executive Center Circle

Tallahassee, FL 32301

SUBJECT: <u>GET WITHIT</u> [1] (Name of R	Resulting Florida Limited Company)
	ticles of Organization, and fees are submitted to convert an nited Liability Company" in accordance with s. 608.439, F.S.
Please return all correspondence concerning	g this matter to:
WILLIAM A. LEMIE (Contact Person) BETWITHIT EN TERPRISE (Firm/Company) 588 22 MAVE SE (Address)	Ux
BETWITHIT ENTERPRISE (Firm/Company)	s L. 2. L.,
<u>588 22 ^{NO} AVE 5 E</u> (Address)	
ST. PETERS BUAG FL. (City, State and Zip Code) WEMIEUX C TAMPABA	33705
WEMIEUX C TAMPABA E-mail address: (to be used for future annual report	
For further information concerning this mat	tter, please call:
William A Lemiesa (Name of Contact Person)	at (727) 418-8856 (Area Code and Daytime 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 S185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	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: GETWITHIT ENTER PRISES, TNC. (Enter Name of Other Business Entity)	
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a <u>S-CoepolaTion</u>	
(Enter entity type. Example: corporation, limited partnership, SE No general partnership, common law or business trust, etc.)	
first organized, formed or incorporated under the laws of Florica (Enter state, or if a non-U.S. entity, the name of the country)	
on Oct. 7, 2004 (Enter date "Other Business Entity" was first organized, formed or incorporated)	
(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:	
<i>N/A</i>	
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:	
GETWITHIT ENTERPRISES, LL.L.C., (Enter Name of Florida Limited Liability Company)	
5. If not effective on the date of filing, enter the effective date: 01 01 2011. (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 17 day of DECEM	bea 20 10.	
Individual signing affirms that the facts sta constitutes a third degree felony as provide		
Signature of Member or Authorized Represe Printed Name: ////////////////////////////////////	entative: William a Somer	
this document are true. Any false informatis.817.155, F.S. [See below for required sign		
Signature: William a. amil	Y Title: PAFS	
· · · · · · · · · · · · · · · · · · ·		
Signature: Sydney R. Semio	Title: U.P.	
Printed Name: SY DINEY L. LEMI	Title: U.7.	
· ,		
Signature:	Title:	
Titlled Nume.	1100	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
3 *		
Signature:	Title:	
Times Nume.	1100,	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign.		
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.		
If Florida Limited Partnership or Limited Signatures of <u>ALL</u> General Partners.	Liability Limited Partnership:	
All others: Signature of an authorized person.		
Fees:		
Certificate of Conversion:	\$25.00	
Fees for Florida Articles of Organization:	\$125.00	
Certified Copy: Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)	
Continuate of Status.	Page 2 of 2	
	~	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
GETWIThIT ENTER PRISES L. L. (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:		
588 22 NO AVE. SE	Same	
588 22 NO AVE. SE ST. PETERS BURG FL 33705		
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 A. LEMIEUX Name		
588 22 NP AVE, SE Florida street address (P.O. Box NOT acceptable)		
ST, PETENSHULG FL 33705 City, State, and Zip		
	I am familiar with and accept the obligations of my	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title: "MGR" = Manager "MGRM" = Managing Member	ne and Address:
MGR	WILLIAM A. LEMIEUX 588 22 MANE, SE 57. PETERS BURG FL 33705
MGRM	SYPNEY L LEMIEUX 588 22MD AVESTE ST PETERS BULL TL 32705
	
(Use attachment if necessary)	1
ARTICLE V: Effective date, if other than t	the date of filing: 0/0//20//
(The effective date: 1) cannot be prior to i	must be the same as the effective date listed in the attached
WUllom & @ Signature of a member or an au	em leve thorized representative of a member.
the penalties of perjury that the facts stated h	ida Statutes, the execution of this document constitutes an affirmation under nerein are true. I am aware that any false information submitted in a utes a third degree felony as provided for in s.817.155, F.S.)
William	A. Lemieux printed name of signee
Typed or	printed name of signee
	Page 2 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows: