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(Re	questor's Name)	·
(Ad	dress)	<u> </u>
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(Cit	y/State/Zip/Phone	e #)
PiCK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

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JAN 31 2011

EXAMINER



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COVER LETTER

Registration Section Division of Corporations

TO:

,	SUBJECT: STACKLIMITED LLC. (Name of Resulting Florida Limited Company)			
	(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:			
	FERGAL STACK (Contact Person)			
	STACKUMITED (Firm/Company)			
	1375 Tuscana LN, # 1404			
CHAMPIONS GATE, FL 33896 (City, State and Zip Code) fstack@stacklimited.com Empiled decrease (to be seed for first and seed				
Fstack@stacklimited.com E-mail address: (to be used for future annual report notifications)				
	For further information concerning this matter, please call:			
	FERGAL STACK at (917) 680 2518 (Name of Contact Person) (Area Code and Daytime Telephone Number)			
	(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 Certified Copy Certificate of Status			
	STREET ADDRESS: MAILING ADDRESS:			
	Registration Section Registration Section			
	Division of Corporations Division of Corporations Division of Corporations			
	Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314			
	2661 Executive Center Circle 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 Certification 1.	icate of		
Conversion is: STACKLIMITED LLC. (Enter Name of Other Business Entity)			
(Enter Name of Other Business Entity)	77		
2. The "Other Business Entity" is a LLC.	E SE	11 🖳	**.
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)		JAN 27	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
first organized, formed or incorporated under the laws of	E. FLORIB		
(Enter state, or if a non-U.S. entity, the name of the country)	 Z.S.	•••	
on 3 19 08 (Enter date "Other Business Entity" was first organized, formed or incorp	NIBA	N N	
(Enter date "Other Business Entity" was first organized, formed or incorp	orated)		
 which it is now organized, formed or incorporated: 4. The name of the Florida Limited Liability Company as set forth in the attached Artic Organization: 	les of		
STACKLIMITED 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 filed by the Florida Department of State; AND 2) must be the same as the effective of			
attached Articles of Organization, if an effective date is listed therein.)	iate liste		the

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 23 · day of JANVA	ay 20 7011.			
Individual signing affirms that the facts sta constitutes a third degree felony as provide	_			
Signature of Member or Authorized Repres Printed Name: FERGAL STACK	entative: Fegal Struk Title: Menber			
	ntity: Individual(s) signing affirm(s) that the facts stated in ion constitutes a third degree felony as provided for in ature(s).]			
Signature: FERGAL STAC	CK Title: menben			
Signature:Printed Name:	Title:			
Signature:Printed Name:	Title:			
Signature:Printed Name:	Title:			
Signature: Printed Name:	Title:			
Signature:Printed Name:	Title:			
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 Liability Limited Partnership: Signatures of ALL General Partners.				
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

ARTICLE I - Name:

The name of the Limited Liability Company is:
STACK LIMITED 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:
1375 Tuscara Ln, #1404 1375 Tuscara Ln, #1404 Champions Gate Champions Gate FL 33896 FL 33896
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:
MARY STACK
Name
1375 TUSCONA LV, # 1404
Florida 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..

Champi and Gite FL 33896

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	FERGAL STACK 1375 TUSCENE LN, # 1404 Champions Gote, EL 33896
(Use attachment if necessary)	
(The effective date: 1) cannot be pric	than the date of filing:(OPTIONAL) or to nor more than 90 days after the date this document is filed by ND 2) must be the same as the effective date listed in the attached tive date listed therein.)
Signature of a member or	Struk an authorized representative of a member.
the penalties of perjury that the facts:	s), Florida Statutes, the execution of this document constitutes an affirmation under stated herein are true. I am aware that any false information submitted in a constitutes a third degree felony as provided for in s.817.155, F.S.)
<u> </u>	L STACK ped 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: