L11000030179

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

Office Use Only



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11 MAR 10 PHI2: 43
SECRETARY OF STATE
FALLAHASSEE, FLORIO?

J. BRYAN

MAR 11 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: A. C. Systems LLC		
	of Resulting Florida Limited Company)	
The enclosed Certificate of Conversion, "Other Business Entity" into a "Florida		
Please return all correspondence concern	ning this matter to:	
AL Nazzaro		
(Contact Person)		
A. C. Systems LLC		
(Firm/Company)		aren
4053 Sugar Palm Terrace		SEC T
(Address)		ARET ARE
Oviedo, Florida 32765		ASS TO
(City, State and Zip Cod	e)	HAR 10 PH 12: 43 LLAHASSEE, FLORID
Kampkoa@aol.com		E'S E
E-mail address: (to be used for future annual rep	ort notifications)	RE +3
For further information concerning this	natter, please call:	D(11)
Al Nazzaro	at (239) 777-5596	
(Name of Contact Person)	(Area Code and Daytime Telephone	e Number)
Enclosed is a check for the following am	ount:	
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\square\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$	\$180.00 Filing Fees and Certified Copy Certificate of S	, and
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
Clifton Building	P. O. Box 6327	
2661 Executive Center Circle	Tallahassee, FL 32314	

Tallahassee, FL 32301

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.

	ss Entity" immediately prior to the filing of this Certif	icate of
Conversion is:	#01000050070	-
A. C. Systems INC (F	Enter Name of Other Business Entity)	SECON TI
2. The "Other Business Entity" is		場で
` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	ype. Example: corporation, limited partnership, rtnership, common law or business trust, etc.)	PMIZ: 43 SEE, FLORIE
first organized, formed or incorpor (Enter state,	rated under the laws of <u>Florida</u> or if a non-U.S. entity, the name of the country)	- PRIE 53
on July 16,2010 of 07/0 (Enter date "Other Bus	ष्ट्रिक्ट siness Entity" was first organized, formed or incorp	orated)
3. If the jurisdiction of the "Other which it is now organized, formed	Business Entity" was changed, the state or country unor incorporated:	der the laws of
4. The name of the Florida Limite Organization:	d Liability Company as set forth in the attached Artic	eles of
A. C. Systems LLC		
(Enter N	lame of Florida Limited Liability Company)	
(The effective date: 1) cannot be filed by the Florida Department	ling, enter the effective date: March 5, 2011 e prior to nor more than 90 days after the date this of State; AND 2) must be the same as the effective on, if an effective date is listed therein.)	
•	the applicable law(s) governing the other business enti- y(s) and the requirements of s.608.439, F.S., in effection	•
7. The "Other Business Entity" cur	rrently exists on the official records of the jurisdiction	under which it is

currently organized, formed or incorporated.

Signed this 3rd day of March	20 <u>11</u> .	
Signature of Member or Authorized Re Individual signing affirms that the facts s constitutes a third degree felony as provide	tated in this document are true. Any fa ded for in s.817.155, F.S.	
Signature of Member or Authorized Repre Printed Name: <u>Alfred Nazzaro</u>	esentative: AN MOT	
Signature(s) on behalf of Other Business this document are true. Any false informs s.817.155, F.S. [See below for required signature]	ation constitutes a third degree felony a gnature(s).]	
Signature	Cer he	Fo =
Signature: Printed Name: Alfred Nazzaro Signature:	Title: Mgr	HAR 10 PH 12: 43 ECRETARY OF STATE LLAHASSEE, FLORID
Signatura		题言
Signature:Printed Name:	Title:	——— 888 B M
		- PER P
Signature:Printed Name:	Title	
Trined Name.	Title.	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signatura		
Signature:Printed Name:	Title:	
		
If Florida Corporation: Signature of Chairman, Vice Chairman, Dir. If Directors or Officers have not been select		
If Florida General Partnership or Limited Signature of one General Partner.	d Liability Partnership:	
If Florida Limited Partnership or Limited Signatures of <u>ALL</u> General Partners.	d 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

(Must end with the words "L	LLC imited Liability Company, the abbreviation	"L.L.C.," or the designation "LLC.")	
ARTICLE II - Addr	ess:			
The mailing address a	nd street address of the principal	office of the Limited Liabi	lity Company is	:
Principal Office Add	ress: <u>M</u>	lailing Address:		
4053 Sugar Palm Terrac	e 40	053 Sugar Palm Terrace		
Oviedo, Florida, 32765	<u>Ov</u>	riedo, Florida 32765		
The name and the Flo	rida street address of the register Al Nazzaro		SECR FALLA	manhaif
				1.3
	Name	9	E E	3.
	Name	e	MAR 10 CRETARY LAHASSEI	
	Name	e	R 10 PMI TARY OF S HASSEE, FI	Ē
	Name	Box <u>NOT</u> acceptable)	R 10 PM12: 4 TARY OF STAT HASSEE, FLORE	FILED
	Name 4053 Sugar Plam Terrace Florida street address (P.O.	Box <u>NOT</u> acceptable)	R 10 PM12: 43. TARY OF STATE ASSEE, FLORIDA	i no

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

	of each Manager or Managing Member is as follows:	
<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing	Member	
MGR	Alfred Nazzaro	
	- SE	=
		MAR T
	ASS.	10 L
<u></u>		PM 12:
		تة ٢
(Use attachment if nece		చ్
FICLE V: Effective date	, if other than the date of filing:	
	(OPTIONAL) of be prior to nor more than 90 days after the date this docum	sont is filed
Florida Department of S	State; AND 2) must be the same as the effective date listed in	
tificate of Conversion, if	an effective date listed therein.)	
QUIRED SIGNATURE	· :	
6	and	
Signature of a m	ember or an authorized representative of a member.	
the penalties of perjury that	608.408(3), Florida Statutes, the execution of this document constitutes and the facts stated herein are true. I am aware that any false information submit of State constitutes a third degree felony as provided for in s.817.155, F.S.	itted in a
Alfred Nazz	aro	
	Typed or printed name of signee	

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