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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

| Division of Corporations |
|---|
| SUBJECT: Swift Home Inspections, LC (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: |
| Ves Swift (Contact Person) |
| Swift Home Trapections, UC (Firm/Company) |
| 1715 NE 10th Ave (Address) |
| Cope Cool, Fl 38909 (City, State and Zip Code) |
| E-mail address: (to be used for future annual report notifications) |
| For further information concerning this matter, please call: |
| (Name of Contact Person) at (39) 239 . 49 (1) (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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

11 MAR 24 PM 2: 35

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:

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

| SCOTET TOME LOGICTIONS, LIK. 111 10210 |
|---|
| (Enter Name of Other Business Entity) |
| |
| 2. The "Other Business Entity" is a <u>corporation</u> . |
| (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>alvolaou</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:

4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:

(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 18th day of Mrch | 20 1 |
|---|--|
| Individual signing affirms that the facts sta constitutes a third degree felony as provide | 1 |
| Signature of Member or Authorized Representation Name: Ves A. Swift | entative: Ves Swiff Title: MGRM |
| 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 facts stated in ion constitutes a third degree felony as provided for in ature(s).] Title: \textstyle=\te |
| Printed Name: Ves A. S. SIGH | Title: President |
| Signature: Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |
| | |
| Signature: | Title: |
| rinted Name: | i lue: |
| Signature: | |
| Printed Name: | Title: |
| If Florida Corporation: Signature of Chairman, Vice Chairman, 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 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| (Must end with the words "Limited Liability Company, "L.L.C." or "L.L.C.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: TI5 NE 10th Address: Mailing Address: | ARTICLE I - Name: The name of the Limited Liability Company is: | | | | | |
|---|---|---|--|--|--|--|
| The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: Mailing Address: | (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") | | | | | |
| 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: Ves Swift Name 1715 NE 16th All Florida street address (P.O. Box NOT acceptable) 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 | | ncipal office of the Limited Liability Company is: | | | | |
| 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: Ves Swift | Principal Office Address: | Mailing Address: | | | | |
| (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: Ves Swift Name 1715 NE 10th All Florida street address (P.O. Box NOT acceptable) 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 | 1715 NE 10th Are Cape Coral, F1 33909 | 1715 NE 10th Ave Cape Coral, Fl 33909 | | | | |
| Name 1715 NE 16th Acc Florida street address (P.O. Box NOT acceptable) Cape Coal FL 35909 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. | (The Limited Liability Company cannot serve as its own Registe | Office, & Registered Agent's Signature: red Agent. You must designate an individual or another | | | | |
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| Florida street address (P.O. Box NOT acceptable) Cape Coal FL 35909 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. | Ves Swift | · · · · · · · · · · · · · · · · · · · | | | | |
| Florida street address (P.O. Box NOT acceptable) Cape Cool FL 35909 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 | | | | | | |
| 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. | | | | | | |
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| 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 | City, Stat | e, and Zip | | | | |
| Registered Agent's Signature (REOURED) | liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete per | is certificate, I hereby accept the appointment as . I further agree to comply with the provisions of ali formance of my duties, and I am familiar with and | | | | |
| | Registered Agent's Signatu | re (REQUIRED) | | | | |

(CONTINUED)

Page 1 of 2

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing | Name and Address: Member | |
|---|--|---------------------------------------|
| merm | Ves Swift 1715 NE 10th Are Cape Coral, FI 33909 | |
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| | | |
| | | - - |
| (Use attachment if nec | •• | |
| The effective date: 1) canno | e, if other than the date of filing: (OPTIONAL) ot be prior to nor more than 90 days after the date this doct State; AND 2) must be the same as the effective date listed | |
| | f an effective date listed therein.) | 9 |
| REQUIRED SIGNATURE | | SECRETARY VISION OF C 11 MAR 24 |
| | nember or an authorized representative of a member. | ⇔ ```` |
| | • | 3 89 |
| the penalties of perjury that document to the Department | 608.408(3), Florida Statutes, the execution of this document constitutes at the facts stated herein are true. I am aware that any false information sulnt of State constitutes a third degree felony as provided for in s.817.155, F | bmitted in a🛶 💢 🚞 |
| Ves | Swift Typed or printed name of signee | 4.0 |
| | Typed or printed name of signee | |

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