111000089461

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

Office Use Only

G. MCLEOD

AUG - 2 2011

EXAMINER



700210445927

07/29/11--01025--010 **150.00

THAUG-I PH 3: 14

COVER LETTER

Tallahassee, FL 32301

	TO: Registration Section Division of Corporations	
	SUBJECT: Limelight Mar (Name of Re	Keting Consultants sulting Florida Limited Company)
		cles of Organization, and fees are submitted to convert an ted Liability Company" in accordance with s. 608.439, F.S.
	Please return all correspondence concerning	this matter to:
	Hane Caruso (Contact Person)	
	Limelight Marketing Co	nsultants
	Po Box 624 (Address)	
	Land O Lakes, FL 34	439
	(City, State and Zip Code) Lane Limeliant Consi E-mail address: (to be used for future annual report n	Utants. Com
	For further information concerning this matt	er, please call:
	Lane Canuso (Name of Contact Person)	at (813) 388-9384 (Area Code and Daytime Telephone Number)
	Enclosed is a check for the following amoun	•
K	\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$180.00 Filing Fees and Certified Copy \$185.00 Filing Fees, Certified Copy, and Certificate of Status
	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

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 Certific	cate of		
Conversion is: Limelight Marketing Consultants, Inc. (Enter Name of Other Business Entity)			
(Enter Name of Other Business Entity)		≕	
2. The "Other Business Entity" is a		AUG -	4
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)			is Is
first organized, formed or incorporated under the laws of Florida	구. - 유달	ှာ မှ	i d Barra P
(Enter state, or if a non-U.S. entity, the name of the country)		L.	
on 2 24 20 10 (Enter date "Other Business Entity" was first organized, formed or incorpo	متقر		
(Enter date "Other Business Entity" was first organized, formed or incorpo	orated)		
which it is now organized, formed or incorporated: N/A			
4. The name of the Florida Limited Liability Company as set forth in the attached Articl Organization:	les of		
Limelight Marketing Consultants (Enter Name of Florida Limited Liability Company)			
(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 d filed by the Florida Department of State; AND 2) must be the same as the effective d attached Articles of Organization, if an effective date is listed therein.)			e
6. The conversion is permitted by the applicable law(s) governing the other business entity conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting			n.

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 <u>24</u> day of <u>July</u>	20
Individual signing affirms that the facts sta constitutes a third degree felony as provide	5/)
Signature of Member or Authorized Represented Name: Language On So	entative Gland Caruso Title: Owner
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 state tion constitutes a third degree felony as provided for in nature(s).]
Signature: All (allo)	Title: DWNC
Signature:	Title:
Printed Name:	1 nte:
Signature:	
Printed Name:	Title:
Printed Name:	Title:
Signature:	Title:
Printed Name:	Intle:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Direct If Directors or Officers have not been selected	ctor, or Officer.
If Florida General Partnership or Limited Signature of one General Partner.	Liability Partnership:
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: 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

stated in

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:

ARTICLE I - Name:

ARTICLE II - Address:

Principal Office Address:

The name 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:
Lane Careso
!Natife
5522 Cypress Ln.
Florida street address (P.O. Box NOT acceptable)
Land O Lakes 34639
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.
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

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

"MGR" = Manager	Name and Address:
"MGRM" = Managing Men	nber
MGR	Liane Caruso Po Box 1224 Land O Lakes, Fl 34639
(Use attachment if necessary	<i>y</i>)
ARTICLE V: Effective date, if of	ther than the date of filing:
(The effective date: 1) cannot be	(OPTIONAL) prior to nor more than 90 days after the date this document is filed by ; AND 2) must be the same as the effective date listed in the attached
REQUIRED SIGNATURE:	
Sane C	aruso
Signature of a membe	or or an authorized representative of a member.
Signature of a membe (In accordance with section 608.44 the penalties of perjury that the fa document to the Department of Signature	r or an authorized representative of a member. 08(3), Florida Statutes, the execution of this document constitutes an affirmation under acts stated herein are true. I am aware that any false information submitted in a tate constitutes a third degree felony as provided for in s.817.155, F.S.) Caruso