

L11000095233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

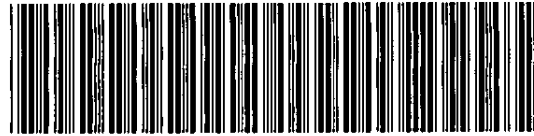
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900209532709

L11-95233

8/05/11 01013 019A150.⁰⁰

FILED

Aug 05, 2011 08:00 AM

Secretary of State

N. CAUSSEAU

DET 2011

EXAMINER

10:18

Update Payment

10/13/11

DEP Page 0001/0001

Deposit Number	: 08/05/11 01013 019	Deposit Amount	: 150.00
Account Number	:	Deposit Balance	: 0.00
Refund Request Date	:	Debit Memo Date	:
Refund Mail Date	:	Void Date	:
Refund Amount	: 0.00	User ID	: LGOODWIN
Requester	:		

Tracking Number	: 100210658091	DOC Page	0001/0001
Ledger Date	: 08/05/11	Document Number	: 100210658091
Document Requester	:	Sub Account Number	:

Category	Description	Amount
CERT	CERTIFICATION	25.00
CF	ALL CORP FILING FEES	125.00

<Ctrl>A - Add Pay <Ctrl>R - Rem pay <Ctrl>D - Print doc <Ctrl>V - Print check

L11-95233

CONAPCON ✓

Called
9/20/11
WB sending it in to
my POC at the

AMSCOT
The Money Store
1641366960
Purchaser's Receipt
DATE 08/02/11
AMOUNT Fee: 0.00
T.C. \$150.00
NO. 1641366960
PAY TO THE ORDER OF
AMSCOT CORPORATION
P.O. BOX 25137
TAMPA, FL 33622-5137

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature X DEPT. OF STATE</p> <p>B. Received by (Printed Name) AUG 05 2011</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes if YES, enter delivery address below: <input type="checkbox"/> No</p> <p>CLEARED</p>	
<p>1. Article Addressed to: Registration Section Division of Corporation P.O. BOX 6327 Tallahassee, FL 32344</p>		<p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p>	
<p>2. Article Number (Transfer from service label) 7010 1870 0003 6613 7086</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>			

Craig Wallace
850 366-3408

Print View

Page 1 of 1

THE BACK OF THIS DOCUMENT CONTAINS AN "AMSCOT" ARTIFICIAL WATERMARK - HOLD AT AN ANGLE

AMSCOT The Money Superstore		INTERNATIONAL MONEY ORDER	
AMSCOT CORPORATION P.O. BOX 25137 TAMPA, FL 33622-5137		PAY TO THE ORDER OF REGISTRATION SECTION DIVISION CORP.	2-2678 719 1641366960
PURCHASER CRAIG WALLACE		\$150.00	
1641366960		ONE HUNDRED FIFTY AND 00/100 DOLLARS	
NOT VALID FOR MORE THAN ONE THOUSAND FIVE HUNDRED DOLLARS (\$1500)		PURCHASER'S SIGNATURE	
AMSCOT CORPORATION			
PURCHASER AND PAYEE ARE SUBJECT TO THE SERVICE CHARGE AND OTHER TERMS ON THE REVERSE SIDE			
THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER			
#1641366960#		#0000015000#	

11 8-37

95356 2198

AMSCOT CORPORATION
P.O. BOX 25137
TAMPA, FL 33622-5137

08/05/11 01013-019

DEPOSIT ONLY 150.00

453-1009068796

08/05/11

AMSCOT FINANCIAL
International Money Order Company
P.O. Box 25137
Tampa, FL 33622-5137

Date: 9/23/2011

Money Order Purchaser: CRAIG WALLACE

Money Order Number: 1641366960

Amount of Money Order: \$ 150

IMPORTANT INFORMATION – PLEASE READ!!

Dear Money Order Customer:

Enclosed is a copy of the money order you requested traced by Amscot Money Order Company.

******PLEASE NOTE: You will not be receiving a refund; the item has been cashed and has already cleared our bank.**

Thank you,

Amscot Money Order Company

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Saint Industrial Inc
(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:

Craig Wallace
(Contact Person)

Saint Industrial Inc
(Firm/Company)

609 Elbridge Drive
(Address)

Kissimmee FL 34758
(City, State and Zip Code)

ciarcecallahan24@yahoo.com
E-mail address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Craig Wallace at (850) 366-3408
(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

☐ \$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

FILED
Aug 05, 2011 08:00 AM
Secretary of State

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

FILED
Aug 05, 2011 08:00 AM
Secretary of State

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:

Saint Industrial Inc. P07-113456
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a Corporation
(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 10/16/2007
(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**:

Saint Industrial 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 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 18 day of 08 2011.

Signature of Member or Authorized Representative of Limited Liability Company:

Individual signing affirms that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Member or Authorized Representative: [Signature]

Printed Name: CRAIG WALLACE Title: OFFICER

Signature(s) on behalf of Other Business Entity: Individual(s) signing affirm(s) that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S. [See below for required signature(s).]

Signature: [Signature]
Printed Name: CRAIG WALLACE Title: CEO

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:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

FILED**Aug 05, 2011 08:00 AM****Secretary of State****ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Saint Industrial Limited Liability Company
(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:

609 Ellridge Drive
Kissimmee, FL 34758

Mailing Address:

609 Ellridge Drive
Kissimmee, FL 34758

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:

Craig Wallace
Name

1915 Cedar Lake Drive
Florida street address (P.O. Box **NOT** acceptable)

Orlando FL 32824
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..

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGR

CRAIG WALLACE

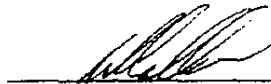
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____

(OPTIONAL)

(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 Certificate of Conversion, if an effective date listed therein.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

CRAIG WALLACE

Typed or printed name of signee