# 11/000098/92

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

Office Use Only



100210814671

08/15/11--01034--019 \*\*150.00

T. HAMPTON

EXAMINER

### **COVER LETTER**

F.S.

TO: Registration Section Division of Corporations	
SUBJECT: AutoMystique, LLC	
(Nam	e of Resulting Florida Limited Company)
	n, Articles of Organization, and fees are submitted to convert an a Limited Liability Company" in accordance with s. 608.439, F.
Please return all correspondence conce	rning this matter to:
Skip Potter	
(Contact Person)	
AutoMystique, LLC	EIN# 81-0586392
(Firm/Company)	
176 Saint Johns Forest Blvd	
(Address)	
St. Johns, FL 32259	
(City, State and Zip Co	ode)
skippotter@automystique.com	•
E-mail address: (to be used for future annual re	eport notifications)
For further information concerning this	s matter, please call:
Skip Potter	at ( 301 ) 502-4985
(Name of Contact Person)	(Area Code and Daytime Telephone Number)
Enclosed is a check for the following a	mount:
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\$155.00 Filing Fees and Certificate of Status	\$\int_{\text{and Certified Copy}} \frac{\int_{\text{185.00 Filing Fees,}}}{\text{Certified Copy, and Certificate of Status}}
STREET ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P. O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314



### FLORIDA DEPARTMENT OF STATE Division of Corporations

#### RECEIVED

11 AUG 25 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

August 16, 2011

SKIP POTTER 176 SAINT JOHNS FOREST BLVD ST JOHNS, FL 32259

SUBJECT: AUTOMYSTIQUE, LLC Ref. Number: W11000042757

We have received your document for AUTOMYSTIQUE, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must contain the name of the limited liability company as set forth in the attached articles of organization.

Sections 607.1113, 608.4403, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by a member or an authorized representative of a member. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

Most financial institutions require the name(s) and address(es) of the manager(s) - MGR's or Managing Member(s) - MGRM's to be reflected on our records in order for the business entity to open a bank account. You may wish to revise your document to include the name, address, and title of each manager or managing member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II

Letter Number: 611A00019200

Registration/Qualification Section

SECRETARY OF STATE DIVISION OF CORPORATIONS

11 AUG 25 PM 2: 22

## 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 Certificate of Conversion is:  AutoMystique, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LLC
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of Maryland  (Enter state, or if a non-U.S. entity, the name of the country)
on December 18, 2002  (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:
<u>Florida</u>
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  Florida Limited Liability Company)  (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 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 11 day of August	20_11			
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 Repres Printed Name: Skip Potter	entative: Title: President			
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).]				
Simon States				
Printed Name: SKIP POTTER				
Signature:Printed\Name:	Title:			
Signature: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Title:			
Printed Name:	Title:			
Signature: \Printed Name:	Title:			
Signature:	Title			
Times Name.				
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 <u>ALL</u> General Partners.				
All others: Signature of an authorized person.		DIVIS 11		
Fees:		CRETION C		
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	FILED. TARY OF STATE OF CORPORATIONS 25 PM 2: 22		
	v <u>u</u>			

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
AutoMystique, 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:			
176 Saint Johns Forest Blvd	176 Saint Johns Forest Blvd St. Johns, FL 32259			
St. Johns, FL 32259	St. Johns, FE 32239			
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:				
Skip Potter				
Name				
176 Saint Johns Forest Blvd				
Florida street address (P.O. Box NOT acceptable)				
St. Johns,	FL 32259			
City, State, and Zip				
company at the place designated in this certificate	cept service of process for the above stated limited lia , I hereby accept the appointment as registered agent			

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

11 AIR 25 PM 9: 29

### ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member None (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

Page 2 of 2

document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

SKIP POTTER

Typed or printed name of signee

SECRETARY OF STATE DIVISION OF CORPORATIONS