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

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2011 OCT 31 PH 4: 09
SECRETARY OF STATE
TALL AHASSEF, FLORIDA

T. HAMPTON

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EXAMINER

14145-HO

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FINISKING TOL (Name of	TCHES BY RICO, U.C. f Resulting Florida Limited Company)
	Articles of Organization, and fees are submitted to convert an imited Liability Company" in accordance with s. 608.439, F.S.
Please return all correspondence concerni	ing this matter to:
PATRICIA HOLNESS	
Finishing Touches By Ryce (Firm/Company)	o, Inc
\cap \cdot \cdot	Wb.
PLANTATION FL 333 (City, State and Zip Code)	22
E-mail address: (to be used for future annual repo	1
For further information concerning this m	natter, please call:
Patricia Holness (Name of Contact Person)	at (<u>954</u>) <u>882-8388</u> (Area Code and Daytime Telephone Number)
Enclosed is a check for the following amo	ount:
\$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



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

11 OCT 31 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

October 21, 2011

PATRICIA HOLNESS 9341 W SUNRISE BLVD PLANTATION, FL 33322

SUBJECT: FINISHING TOUCHES BY RYCO, LLC

Ref. Number: W11000054141

We have received your document for FINISHING TOUCHES BY RYCO, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Organization, if any.

You must insert the letters "MGRM" in the block above the name and address of each managing member and/or the letters "MGR" in the block above the name and address of each manager listed.

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 Registration/Qualification Section

Letter Number: 111A00024170

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: FINISHING TOUCHES BY RYCO TAKES (Enter Name of Other Business Entity) 2. The "Other Business Entity" is a Corporation of Control of Contr
(Enter Name of Other Business Entity)
The second of th
2. The "Other Business Entity" is a <u>corporation</u> $3 = \frac{1}{2} \frac{1}{2}$
(Enter entity type. Example: corporation, limited partnership, 📆 😈 🥱
first organized, formed or incorporated under the laws of Fonda (Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
on
(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:
N/A
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Finishing Touches By Ryco, LLC (Enter Name of Florida Limited Liability Company)
5. If not effective on the date of filing, enter the effective date: November 16, 2011 (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.

	•	
· Ct All	,	
Signed this 1st day of October	20 <u> (</u> (
Signature of Member or Authorized Represent	ative of Limited Liability Compa	ny:
Individual signing affirms that the facts stated in	this document are true. Any false	information
constitutes a third degree felony as provided for i	n s.817.155 F.S.	
	· /	
Signature of Member or Authorized Representative Printed Name: RYCANO HOLNESS	e. Gam Homes	4
Printed Name: PVCANO HOLNESS	Title: Problem / Owner	
Trince traine. Processes		
Signature(a) on behalf of Other Proinces Entities	(ndividual(a) signing affirm(a) that	the feets stated in
Signature(s) on behalf of Other Business Entity:		
this document are true. Any false information con	istitutes a third degree felony as pi	rovided for in
s.817.155, F.S. [See hellow for required signature(
Signature:	Dacie A A 18	ter-
Signature: Printed Name: Printed Name:	_ Title: <u>[Cegstered Hojent]</u>	220
	· ·	
Signature:Printed Name:		
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Timed Tumo.		
Signature:Printed Name:		
Drinted Name:	Title:	
rimed Name	ine	
If Florida Composition		
If Florida Corporation:	0.50	
Signature of Chairman, Vice Chairman, Director, or		
If Directors or Officers have not been selected, an In	corporator must sign.	
TABLE 11 CL. ID. () I T. ()		
If Florida General Partnership or Limited Liabil	ity Partnership:	
Signature of one General Partner.		
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:	
Signatures of <u>ALL</u> General Partners.		
		7 € 20
All others:		FX =
Signature of an authorized person.		<u> </u>
•		FIL 2011 OCT 31 SECRETAR'
Fees:		SSI

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: \$30.00 (Optional) \$5.00 (Optional) Page 2 of 2

\$25.00

\$125.00

Certificate of Conversion:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:				
FINISHING TOUCHES BY RYCO, (Must end with the words "Limited Liability Company, the abbrevia	tion "L.L.C.," or the designation "LLC.")			
ARTICLE II - Address: The mailing address and street address of the princi	pal office of the Limited Liability	y Company is:		
Principal Office Address:	Mailing Address:			
9341 W. Sunvise Blvd. Plantation, Florida 33322	934 W. Sunrisa Plantation Fe 333	e Blvd.		
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)				
The name and the Florida street address of the registered agent are:				
PATRICIA E	E. HOLNESS			
N.	ame			
9341 W. Su	nrise Blud			
Florida street address (P.O. Box NOT acceptable)				
Plantation FI 32322				
Plantation, FL 33322 City, State, and Zip				
Having been named as registered agent and to accept company at the place designated in this certificate, I agree to act in this capacity. I further agree to compproper and complete performance of my duties, and position as registered agent as provided for in	hereby accept the appointment as ly with the provisions of all statute I am familiar with and accept the c	registered agent and ess relating to the		
Paristan d A	Signature (REQUIRED)	2011 Sei		
	s Signature (REQUIRED) ONTINUED)	OCT F		
Pag	ge 1 of 2	ILED' 31 PM 4:1 3RY OF STA		

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

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing M	1ember	
MGRM	RYCANO HOLNESS 0310 NW ZOW CT. Suurice, Fr 33322	<u></u>
- 2001 4500		
(Use attachment if necess	sary)	
(The effective date: 1) cannot the Florida Department of Sta	if other than the date of filing: OPTIONAL) be prior to nor more than 90 days after the date rate; AND 2) must be the same as the effective on effective date listed therein.)	e this document is filed by
REQUIRED SIGNATURE:		
10	y cam Holnass mber or an authorized representative of a member.	
the penalties of perjury that the	08.408(3), Florida Statutes, the execution of this document the facts stated herein are true. I am aware that any false info of State constitutes a third degree felony as provided for in	ormation submitted in a
	RYCANO HOLLIESS	2011 TALI
,	Typed or printed name of signee Page 2 of 2	FILE 2011 OCT 31 F SECRETARY C
		PR D