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(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
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Certified Copies Certificates of Status	
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SECRETARY OF STATE

2012 JAN 18 PM 2: (

J. SAULSBERRY EXAMINER

JAN 18 2012

## **COVER LETTER**

TO: Registration Section

Division of Corporations
SUBJECT: Juliet Jones Juntage LdC (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:
Contact Person)  Juliet Johns Juntage III  (Elm/Company)  2710 Flt 19 N. Swite 301-145  (Address)  Palm Haybor Fl 34083  (City, State and Zip Code)  Tuliet Tous Vtg Oyahoo. WM  E-mail address: (to be used for future annual report hotifications)  For further information concerning this matter, please call:  Juliet Julieum Annual February Annual February (Area Code and Daytime Telephone Number Bay M.)  (Name of Contact Person)  (Area Code and Daytime Telephone Number Bay M.)
Enclosed is a check for the following amount:
\$150.00 Filing Fees (\$25 for Conversion & \$155.00 Filing Fees and Certified Copy & \$185.00 Filing Fees,  \$125 for Articles of Organization)  \$\$155.00 Filing Fees and Certified Copy & \$185.00 Filing Fees,  Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32301  MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company	is:		
(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	e principal office of the Limited Liability	/ Company is:	
Principal Office Address:	Mailing Address:		
	Suite 801-145 Falm Harbor, th	34683	
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own Robusiness entity with an active Florida registration.)		another	
The name and the Florida street address of the	ne registered agent are:	2012 JAN 1 SECRETAF ALLAHASS	
Linda	Deichman	IAN I	
	Name	3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3	
_ 2710 A	41+ 19. N. #301	F ST	
Florida street addr	ess (P.O. Box <u>NOT</u> acceptable)	2: 33 TATE ORJOA	
PAIM HARba	De FL 34683	» ω	
C	ity, 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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ARTICLE	1 Y -	IVIAHARCHS	i) Ul	MINIMENT	TAIGHTHE	<b>N</b> .
			, ~ ~			, -

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

<u>Title:</u>	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	Juliet Sullivan. 3256 Havest Monton. Palm Havbor II 34683
MGRM	Brian T. Sullivans. 3256 Harvert Manor. Palm Harbor, F. 34683
	ZOIZ JAN
	SEE 18
(Use attachment if necessary)	PR 2:
	han the date of filing: (OPTIONAL)  r to nor more than 90 days after the date this document is filed by  D 2) must be the same as the effective date listed in the attached
REQUIRED SIGNATURE:	
A. SW	an authorized representative of a member.
(In accordance with section 608.408(3), the penalties of perjury that the facts standocument to the Department of State co	Florida Statutes, the execution of this document constitutes an affirmation under ated herein are true. I am aware that any false information submitted in a constitutes a third degree felony as provided for in s.817.155, F.S.)
Type	d or printed name of signee