L/200005/250

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
POI - 9 6340 (Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
-
A. LUNT
APR 1 6 2011
EXAMINER

Office Use Only



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2012 APR 13 PH ENG

COVER LETTER

TO: Registration Section Division of Corporations	# ·
SUBJECT: HER/GO (Name of	of Resulting Florida Limited Company)
	Articles of Organization, and fees are submitted to convert an Limited Liability Company" in accordance with s. 608.439, F.S.
Please return all correspondence concern	ning this matter to:
VERNON 3	JOHNSON
HER CO (Contact Person)	aprizes de
(Eirm/Company)	HAND ST
(Address)	Poings F2, 32714
(City, State and Zip Cod	le)
E-mail address: (to be used for future annual rep	
For further information concerning this	matter, please call:
(Name of Contact Person)	at (407) 347-8713 (Area Code and Daytime Telephone Number)
Enclosed is a check for the following am	
\$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 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

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 Certif	icate o	f	
Conversion is: HER/CO /ENTERPOIZES TIC			
(Enter Name of Other Business Entity)	:43"	<u>ب</u>	
2. The "Other Business Entity" is a ORPORATION	en jaron en	73	املام
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)		afr 13	en Printing
first organized, formed or incorporated under the laws of	Mis.	TIO TIE	1
(Enter state, or if a non-U.S. entity, the name of the country)	 당동		American M
m 09/18/>00/	*	€2) €01	
on 09/18/200/ Enter date "Other Business Entity" was first organized, formed or incorp	orate	1)	
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country un which it is now organized, formed or incorporated:			
4. The name of the Florida Limited Liability Company as set forth in the attached Artic Organization:	cles of	,	
Here enterpoises L	40		
(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 filed by the Florida Department of State; AND 2) must be the same as the effective 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 enti-	ity 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 5th day of	EDO1) 20/2	
	ized Representative of Limited Liability Comp	
9 9	e facts stated in this document are true. Any falso	e information
constitutes a third degree felony a	as provided for in s.817.155, F.S.	
,	ATX MARCO	
Signature of Member or Authorize Printed Name:	ed Regresentative:	<u> </u>
Printed Name: KNOW	OHNONTitle: 1868	1Dail
	dusiness Entity: Individual(s) signing affirm(s) that	
	information constitutes a third degree felony as	provided for in
s.817.155, F.S. See beldw for requ	uired signature(s).]	
	Men.	
Signature: Printed Name:	Men Costile: Toste	At E
Printed Name:	ACHAINACI IIIe: VOES (VE	
Signatura	•	30 30
Drinted Name:	Title:	127
Printed Name:	Title:	
Signature		The second second
Drinted Name:	Title:	
Frinted Name.	THIC.	<u> </u>
Signature:		60
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
If Florida Corporation:		
Signature of Chairman, Vice Chairr		
If Directors or Officers have not bee	en selected, an Incorporator must sign.	,
If Florida General Partnership or	r Limited Liability Partnership:	
Signature of one General Partner.		
70 Th. 11 Th. 12 Th. 12 Th. 12	** ** ** ** ** ** ** ** ** ** ** ** **	
	r Limited Liability Limited Partnership:	
Signatures of <u>ALL</u> General Partners	S.	
All othores		
All others:		
Signature of an authorized person.		
Fees:		
1 000.		

Certificate of Conversion: 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Compan	y is:
Herseo Erien	DOIZES OLC
(Must end with the words "Limited Liability Company, the	e abbreviation "LL.C.," or the designation "LLC")
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited Liability Company
Principal Office Address:	Mailing Address:
DO WHIGHIAND ST	270 W HIGHTAND S
The 32-14	E 35714
	ered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own l	Registered Agent. You must designate an individual or another and the results of

is:

business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Name

Florida-street address (P.O. Box NOT acceptable)

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Member
FOBIDENT OCKNOW OCHMON STO W Highland ST COUTAMONTE SPORE, R 357/4
2812 APPR
(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 La 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.)
Typed or printed name of signee