# 1200090231

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	_
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
		·

Office Use Only

G. MCLEOD
JUL 11 2012
EXAMINER



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06/15/12--01018--012 \*\*185.00

Sign

12 JUL 10 PH 3: 09

SECRETARY OF STATE
TALLAHASSEE FIGURE

W12.32185

# **COVER LETTER**

10:	Division of Corporations			•
SUBJ	ECT: MATT QUINTON LLC			
осъя		of Resulting Fl	orida Lin	nited Company)
				ation, and fees are submitted to convert an ompany" in accordance with s. 608.439, F.S.
Please	return all correspondence concern	ning this mat	ter to:	
Matth	new Thomas Quinton			
	(Contact Person)			
	(Firm/Company)	· · · · · · · · · · · · · · · · · · ·	<del></del>	
1501	Pine Street			
	(Address)			
Key V	Vest, Florida 44030			
mattq	(City, State and Zip Coduinton@me.com	le)		
E-mail	address: (to be used for future annual rep	ort notification	s)	
For fu	rther information concerning this	matter, pleas	e call:	
Matt	Quinton	at ( 305	5	587-7715
	(Name of Contact Person)	(Ar	ea Code a	and Daytime Telephone Number)
Enclos	sed is a check for the following an	nount:		
\$25 for \$125 &	Filing Fees Conversion for Articles nization)  \$155.00 Filing Fees and Certificate of Status	\$180.00 I and Certi		
STRE	ET ADDRESS:	]	MAILI	NG ADDRESS:
_	ration Section		_	tion Section
	on of Corporations			of Corporations
	n Building Executive Center Circle		P. O. Bo	ox 6327 ssee, FL 32314
	assee, FL 32301		i aiiaiias	SCC, 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 Certic Conversion is: MATT QUINTON LLC			
(Enter Name of Other Business Entity)		12	
2. The "Other Business Entity" is a limited liability corporation	E AH	JUL 10	'n
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	ASSEE,	10 PM	insperior in the second
first organized, formed or incorporated under the laws of Delaware	-F.S.T	ယ္	
(Enter state, or if a non-U.S. entity, the name of the country)	OF STATE OFLORIDA	60	
on 3/29/2011 .	7.8		
(Enter date "Other Business Entity" was first organized, formed or incorp	porate	d)	
<ol> <li>If the jurisdiction of the "Other Business Entity" was changed, the state or country ur which it is now organized, formed or incorporated:</li> <li>Delaware</li> </ol>	nder the	e law:	s of
4. The name of the Florida Limited Liability Company as set forth in the attached Arti Organization:	cles of		
MATT QUINTON LLC			
(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.)	docum date lis	nent i sted i	s in the
6. The conversion is permitted by the applicable law(s) governing the other business enti- conversion complies with such law(s) and the requirements of s.608.439, F.S., in effective			ersion.

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is

currently organized, formed or incorporated.

gued this 11th day of June	20 <mark>_12</mark>	
	presentative of Limited Liability Company:	
	ated in this document are true. Any false inform	ation
constitutes a third degree felony as provide	ed for in 8.817.155, F.S.	·
Signature of Member or Authorized Represented Name: Matthew T. Quinton	sentative: Moffine Cowner	
Signature(s) on behalf of Other Business E this document are true. Any false informat s.817.155, F.S. [See below for required sign	Intity: Individual(s) signing affirm(s) that the faction constitutes a third degree felony as provided nature(s).	
Signature: May Hew To Outo to	Ac Witle: MGRM	
The spanner of the sp	ducio:21 ¥ 1 D 1 b 1	
Signature:		
Printed Name:	Title:	
Signature		
Printed Name:	Title:	
Signature:	Title:	
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Directors or Officers have not been selected		
If Florida General Partnership or Limited Signature of one General Partner.	Liability Partnership:	
If Florida Limited Partnership or Limited Signatures of <u>ALL</u> General Partners.	Liability Limited Partnership:	
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)	
	Page 2 of 2	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:
MATT QUINTON 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	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1501 Pine St.	1501 Pine St.
Key West, FL 33040	Key West, FL 33040
	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another ne registered agent are:
Matt Quinton	
	Name
1501 Pine St.	
Florida street addre	ess (P.O. Box NOT acceptable)
Key West	<sub>FL</sub> 33040
Ci	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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing	Member
MGRM	Matthew Thomas Quinton
	1501 Pine Street
	Key Wet, Florida 33040
(Use attachment if nec	ssarv)
	• *
ICLE V: Effective date	if other than the date of filing: (OPTIONAL)
effective date: 1) canno	be prior to nor more than 90 days after the date this document is filed l
lorida Department of lifeste of Conversion, if	tate; <u>AND</u> 2) must be the same as the effective date listed in the attachen effective date listed therein.)
	in circuite date listed therein.)
<u>UIRED</u> SIGNATURE	
mfof	Y. B.
Signature of a m	mber or an authorized representative of a member.
the penalties of perjury that	08.408(3), Florida Statutes, the execution of this document constitutes an affirmation unche facts stated herein are true. I am aware that any false information submitted in a of State constitutes a third degree felony as provided for in s.817.155, F.S.)
Matthew T. Q	inton