U3 000008256

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
	,	
(Cit	ty/State/Zip/Phone	(#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	-
Certified Copies	Certificates	of Status
	_	
Special Instructions to	Filing Officer:	

Office Use Only



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01/15/13--01005--004 **150.00

SEGRETARY OF STATE ALLAHASSEE SELURIDA

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Bourzac Finish Carpentry
(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:
Oscar Bourzac
(Contact Person)
Bourzac Finish Carpentry
(Firm/Company)
4529 Hidden Shadow Drive
(Address)
Tampa, Florida 33614
(City, State and Zip Code)
oscarbourzac@gmail.com
E-mail address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
Oscar Bourzac <u>at (786) 229-4549</u>
(Name of Contact Person) (Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount:
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$155.00 Filing Fees and Certified Copy \$180.00 Filing Fees and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS: MAILING ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 2013 JAN 15 PH12: 32

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: BOURZAC FINISH CARPENTRY, CORP. POI - 4051
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of Florida
(Enter state, or if a non-U.S. entity, the name of the country)
on <u>01/09/2007</u> .
(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:
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
BOURZAC FINISH CARPENTRY, 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 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 9th day of _January	20_13	
Signature of Member or Authorized Re	presentative of Limited Liability Compar	· 1V:
Individual signing affirms that the facts s	tated in this document are true. Any false i	
constitutes a third degree felony as provid	c ICP	
Signature of Member or Authorized Repre	sentative: Title: President	
Printed Name: Oscar Bourzac	Title: President	
Signature(s) on behalf of Other Business I	Entity: Individual(s) signing affirm(s) that tion constitutes a third degree felony as pr	the facts stated in
s.817.155, F.S. See below for required sig		oviaea for in
Signature:		
Printed Name: Oscar Bourzac	Title: President	
Signature		
Printed Name:	Title:	
Signature		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
If Florida Corporation:		
Signature of Chairman, Vice Chairman, Dire If Directors or Officers have not been selected		
If Florida General Partnership or Limited Signature of one General Partner.	Liability Partnership:	
_		E. N
If Florida Limited Partnership or Limited Signatures of ALL General Partners.	Liability Limited Partnership:	SEGRETARY SEGRETARY
All others: Signature of an authorized person.		SSE 5
		E RE
Fees:		PHI2: 32
Certificate of Conversion:	\$25.00	Du Ca
Fees for Florida Articles of Organization:	\$125.00 \$30.00 (Ontional)	
Certified Copy: Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)	

\$30.00 (Optional) \$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:		
BOURZAC FINISH CARPENTRY,	LLC.	
(Must end with the words "Limited Liability Company, the abbrev	iation "L.L.C.," or the designation "LLC.")	
ADTICLE II Address		
ARTICLE II - Address: The mailing address and street address of the prince	cinal office of the Limited Liability Company is:	
The manning address and sheet address of the print	sipal office of the Emilion Blacking Company is	
Principal Office Address:	Mailing Address:	
	4500 1111 01 1 1 1 1 1	
4529 Hidden Shadow Drive	4529 Hidden Shadow Drive	
Tampa, Florida 33614	Tampa, Florida 33614	
The name and the Florida street address of the reg	istered agent are:	
4529 Hidden Shadow		
Florida street address (F	P.O. Box NOT acceptable)	
Tampa	FL 33614	
City, So	tate, and Zip	
company at the place designated in this certificate, agree to act in this capacity. I further agree to com	l I am familiar with and accept the obligations of my	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u>Title:</u> N	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
President	Oscar Bourzac
	4529 Hidden Shadow Drive
	Tampa, Florida 33614
	·
(Use attachment if necessary)	
TOTE W. Effective data if athough	an the date of filings
ICLE V: Effective date, if other tha	an the date of filing: (OPTIONAL)
	to nor more than 90 days after the date this document is filed
effective date: 1) cannot be prior	
	2 2) must be the same as the effective date listed in the attac
Florida Department of State; AND	2) must be the same as the effective date listed in the attac ve date listed therein.)
Florida Department of State; <u>AND</u> ificate of Conversion, if an effective	
Florida Department of State; <u>AND</u> ificate of Conversion, if an effective	
Florida Department of State; <u>AND</u> ificate of Conversion, if an effective <u>OUIRED</u> SIGNATURE:	e date listed therein.)
Clorida Department of State; <u>AND</u> ificate of Conversion, if an effective <u>OUIRED</u> SIGNATURE:	e date listed therein.)
Florida Department of State; AND ificate of Conversion, if an effective DUIRED SIGNATURE: Signature of a member or an	a authorized representative of a member.
Clorida Department of State; AND ifficate of Conversion, if an effective DUIRED SIGNATURE: Signature of a member or an office of the penalties of periory that the facts state in the state of the penalties of periory that the facts state in the state of the penalties of periory that the facts state in the state of the penalties of periory that the state is the state of the penalties of periory that the state is the state of the penalties of periory that the state is the state of the penalties o	re date listed therein.) authorized representative of a member. Florida Statutes, the execution of this document constitutes an affirmation used herein are true. I am aware that any false information submitted in a
Florida Department of State; AND ifficate of Conversion, if an effective DUIRED SIGNATURE: Signature of a member or an office of the penalties of periory that the facts state in the state of the penalties of periory that the facts state in the state of the penalties of periory that the facts state in the state of the penalties of periory that the state is the state of the penalties of periory that the state is the state of the penalties of periory that the state is the state of the penalties o	a authorized representative of a member.
Clorida Department of State; AND ifficate of Conversion, if an effective DUIRED SIGNATURE: Signature of a member or an office of the penalties of perjury that the facts stat document to the Department of State cor	re date listed therein.) authorized representative of a member. Florida Statutes, the execution of this document constitutes an affirmation used herein are true. I am aware that any false information submitted in a

Page 2 of 2