1130000294435

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

	on Section	, ,	
Division of	of Corporations	7	
SUBJECT:	Cuer	- BOND SIL	d Company)
	(Name o	of Resulting Florida Limite	od Companý)
			on, and fees are submitted to convert an pany" in accordance with s. 608.439, F.S.
Please return all o	orrespondence concern	ing this matter to:	
	URTIS BONE)	
Cu	(Contact Person) (Contact Person) (Firm/Company) (Address)	16NS	
119	(Firm/Company) 143 N. WIL	LIAMS ST.	
	(Address)		
DUNNE	(City, State and Zip Code	4432	
	City, State and Zip Code S16NS BELL		-
E-mail address: (to b	e used for future annual repo	ort notifications)	
For further inform	nation concerning this r	natter, please call:	
Cup	" Racia		deG- > 11d
(Name of C	ontact Person)	at (352_) (Area Code and	I Daytime Telephone Number)
Enclosed is a che	ck for the following am	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 ADDR	ESS:	MAILING	G ADDRESS:
Registration Section		Registration	
Division of Corpo Clifton Building	orations	Division o P. O. Box	f Corporations
2661 Executive C	enter Circle		o FI 32314

Tallahassee, FL 32301



February 15, 2013

CURTIS BOND 11943 N. WILLIAMS STREET DUNNELLON, FL 34432

SUBJECT: CURT BONDS SIGNS, LLC

Ref. Number: W13000009609

We have received your document for CURT BONDS SIGNS, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity must be active on our records.

The Certificate of Conversion must state the effective date of the conversion. The effective date 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 of the conversion under the laws governing the other business entity.

The general partnership must be filed with Dept of State to file a conversion. I am enclosing the form.,

Please return 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) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 113A00003851

District of Commentions D.O. DOV (2007 Mellel 1999 11 11 2001)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is	S
CURT BO	NO SIBNS, LLC
(Must end with the words "Limited Liability Company, the ab	
ARTICLE II - Address: The mailing address and street address of the p	orincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
11943 N. WILLIAMS ST.	(SAME)
11943 N. WILLIAMS ST. DUNNELLOW, FL 34432	
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	
The name and the Florida street address of the	
CURTI	S BOUD Name Name
	Name T
	Name LARD CT Parco s (P.O. Box NOT acceptable)
	man & Pro
EUNEWOR) FL 34432
City	, State, and Zip
Having been named as registered agent and to a	scept service of process for the above stated limited liability

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

"MGRM" = Managing Member MGR CULTIS BOND IIGOT MAUNED CT. DUNNEROW, FL 34432 LINDA BOND IIGOT MAUNED CT. DUNNEROW, FL 34432 (Use attachment if necessary) TICLE 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 Florida Department of State; AND 2) must be the same as the effective date listed in the attacher difficate of Conversion, if an effective date listed therein.)	<u>Title:</u> "MGR" = Manager	Name an	d Address:		
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(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.)

Curris Bows
Typed or printed name of signee

Signature of a member or an authorized representative of a member.

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