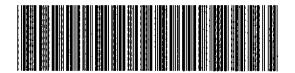
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(Requestor's Name)
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PICK-UP WAIT MAIL
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Cartifical Capies Cartificates of Status
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Special Instructions to Filing Officer:

Office Use Only



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SECNETARY OF STATE

B. BOSTICK
JUN 1 9 2013

**EXAMINER** 

# **COVER LETTER**

<b>TO:</b> Registration Section Division of Corporations	
SUBJECT: Ethereal Designs LLC	
	f 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	ing this matter to:
David C. Mason	
(Contact Person)	
Ethereal Designs LLC	<del></del>
(Firm/Company)	
PO Box 540149	
(Address)	
Orlando, FL 32854-0149	
(City, State and Zip Code	)
kit@ChristopherMason.com	
E-mail address: (to be used for future annual repo	or notifications)
For further information concerning this n	
David C. Mason	at ( 970 ) 963-8500
(Name of Contact Person)	(Area Code and Daytime Telephone Number)
Enclosed is a check for the following amo	at (970 ) 963-8500  (Area Code and Daytime Telephone Number)  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 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 Certificate of Conversion is:	
Ethereal Designs, Inc.	
(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 02/08/1996 524-1989.	
(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:	1
Florida	_
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:	
Ethereal Designs 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 13 day of June	20_13			
Signature of Member or Authorized Rep Individual signing affirms that the facts sta constitutes a third degree felony as provide	resentative of Limited Liability Company: ated in this document are true. Any false informed for in s.817.155, 1.5	rmation	1	
Signature of Member or Authorized Repres Printed Name: David C. Mason	entative Title: Vice President MGRM	- -		
this document are true. Any false informat s.817.155, F.S. [See below for required sign				n
Signature: Carl D Waster	<u>)                                    </u>	_		
Printed Name: Caro D. Mason	Title: <u>President</u>			
Signature: Mason	Title: <u>Vice President</u>	_		
Printed Name: David C. Mason	Title: Vice President	<del>-</del>		
Signature:		_		
Printed Name:	Title:	_		
Signature:				
Printed Name:	Title:	_		
Sia antonio		Z <sub>S</sub>	26	
Printed Name:	Title:	- <u>F</u> ::	81 NOF E192	ricias .
				92.04.
Signature:	Title:	- <u>CD</u> 5	8	-
Frimed Name.	11tte,	-19	70	! "
If Florida Corporation: Signature of Chairman, Vice Chairman, Directors or Officers have not been selected.		LORIO	2:46	A
	a, an incorporator mast organ			
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: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (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:

Principal Office Address:	Mailing Address:	
1110 SW Ivanhoe Blvd	PO Box 540149	
Unit 9 Orlando, FL 32804	Orlando, FL 32854-0149	<del></del>
Onango, 1 L 32004		
(The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)  The name and the Florida street address of the	`	2013 JUN 18
David C Mason		8 7
	Name tris	TO 1
1110 SW Ivanhoe	F:	. ;;
<del></del>	ss (P.O. Box NOT acceptable)	. +6
Orlanda	FL 32804	
Orlando		
**************************************	ry, State, and Zip	

Page 1 of 2

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s)
--

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

<u>Title:</u>	Name and Address:		
"MGR" = Manager			
"MGRM" = Managing	g Member		
MGR	Carol D. Mason		
	PO Box 540149	~	
	Orlando El 32854-0149	<u>u</u>	
	Droman mark	2013 JUN 18	-
MGRM	David C. Mason		P#4 H
	PO Box 540149	$\overline{\infty}$	ļ .
	PO Box 540149	-0	j
	ਦ ਉਹ	PH 2: 46	1
	<u> </u>	3	***
	المام المنافع	4	
TICLE V: Effective date	e, if other than the date of filing: (OPTIONAL)		
•	ot be prior to nor more than 90 days after the date this document State; AND 2) must be the same as the effective date listed in the		-
	f an effective date listed therein.)	e anai	nec
inicate of Conversion, in	(		
<u>DUIRED</u> SIGNATURE	c:		
	$\mathcal{D}_{a}$		
	Nh.		
(/	1 ason		
Signature of a n	nember or an authorized representative of a member.		
(In accordance with section	608.408(3), Florida Statutes, the execution of this document constitutes an affirm	mation (	ındeı
the penalties of perjury tha	at the facts stated herein are true. I am aware that any false information submitted	in a	
document to the Departmen	ent of State constitutes a third degree felony as provided for in s.817.155, F.S.)		
David C. M	lason		
	Typed or printed name of signee		
	-		