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(Req	uestor's Name)	-
(Add	ress)	
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(City	/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doo	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Fox Painting LLC (Name of Resulting Florida Limited Company)
The enclosed Articles 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. 605.1045, F.S.
Please return all correspondence concerning this matter to:
Patrick Fox
Fox Painting the LLC
3886 Woodlake Circle Apt#162
Palm Harbor FL 34684 (City, State and Zip Code)
Pasn fox e g mail. Com E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
Patrick Fox at (Lello) 482-9094 (Name of Contact Person) (Area Code) (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 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 MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

INHS11 (02/14)

Tallahassee, FL 32301

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1: The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
Fox Painting LLC (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Company.
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Michigan (Enter state, or if a non-U.S. entity, the name of the country)
on(date of organization, formation or incorporation) (Exhibit state, 69 if a non-O.S. entity, the name of the country)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Fox Painting LLC (Enter Name of Florida Limited Liability Company)
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
(The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the date this document is filed by the Florida Department of State; <u>AND</u> 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)
5. The plan of conversion has been approved in accordance with ss. 605.1041-605.1046.
Page 1 of 2
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Signed this 8th day of May	_20 <u>/4</u>	
Signature of Authorized Representative of Limit	ted Liability Company:	
Signature of Authorized Representative: Parinted Name: Patrick Fox	Title: Owner	
Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]	
Signature:	Title: Owner	-
		•
Signature: Anna Fax	Title: Owner	•
Signature: Printed Name:	Title:	•
Signature:Printed Name:	Title	
Signature: Printed Name:		
Printed Name:	Title:	
Signature:Printed Name:	Title	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	Officer.	•
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:	
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:	
All others: Signature of an authorized person.		ijŢ.
Fees:		WCC.
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	MAY 12 1M

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Fox Painting LLC (Must end with the words "Amited Liability Company, "L.L.C.," or "LLC.")
(Must end with the words "Imited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
3886 Woodbake Circle Apt 162 Palm Harbor, FL 34684 Palm Harbor, FL 34684 Palm Harbor, FL 34684
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Patrick Fox Name
Name
3886 Woodlake Circle Apt 162 Florida street address (P.O. Box NOT acceptable)
Palm Harbor FL 34684 City Zip
City 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 a 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 605, F.S.
1377
Registered Agent's Signature (REQUIRED)
(CONTINUED)
Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	4
"MGR" = Manager Fatrick For AMBR & MGK	Patrick Fox
Tant 100 Mills India	3886 Woodlake Circle Apt 162
	Palm Harpor FL 34684
1 - 1 0000	4
Apra Fox AMBR & MGR	Anna Fox
	3886 Woodlake Circle Art 162
	Kalm Harbor, FL 34684
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LE V: Effective date, if other than the fective date is listed, the date must	date of filing: (OPTIONAL) be specific and cannot be more than five business day
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The name and address of each person authorized to manage and control the Limited Liability

ARTICLE IV-