11500034476

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP . WAIT MAIL
t
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W15 Le 214
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FEB 10 2015 J. BRUCE



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 28, 2015

JAMES THOMPSON 2315 NE 8TH ROAD OCALA, FL 34470

SUBJECT: JIM THOMPSON PLUMBING, LLC

Ref. Number: W15000006214

We have received your document for JIM THOMPSON PLUMBING, LLC and your check(s) totaling \$150.00. However, the document has not been filed and is being retained in this office for the following:

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

your filing will be considered abandoned.

Please return your document, along with a copy of this letter, within 60 days for

If you have any questions concerning the filing of your document, please tall (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 415A00001731

COVER LETTER

	tion Section of Corporations				
SUBJECT: JII	M THOMPSON PLUMBI	ING, LLC			
SOBOLCX:	(Name	of Resulting Florid	a Limite	d Company)	
	rticles of Conversion, Artic " into a "Florida Limited L				
Please return al	l correspondence concernin	ng this matter to:			
JAMES THOM	MPSON		_		
JIM THOMPS	(Contact Person) ON PLUMBING, INC.				
2315 NE 8TH	(Firm/Company)		-		
2515 NE 0111	(Address)		-		
OCALA, FL. 3		· · · · · · · · · · · · · · · · · · ·	_		
JTPLUMBING	(City, State and Zip Code) 607@GMAIL.COM				
E-mail Addres	s: (to be used for future annual re	eport notifications)	-		
For further info	rmation concerning this ma	atter, please call:			2
JIM THOMPS	ON	at (352	732-	8072	
(Name of	f Contact Person)	(Area Code) (Day	rtime Telephone Number)	TE THE
Enclosed is a cl	neck for the following amor	unt:			SSE Y
\$150.00 Filing (\$25 for Conversion & \$125 for Article of Organization)	on and Certificate of	□\$180.00 Filing and Certified Co		S185.00 Filing Fees, Certified Copy, and Certificate of Status	PHI2: 33
STREET ADD Registration Se Division of Con	ction	Regist	ration	ADDRESS: Section Corporations	

P. O. Box 6327

Tallahassee, FL 32314

INHS11 (02/14)

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

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.

JIM THOMPSON PLUMBING, INC. (Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a CORPORATION (Enter entity type. Example: corporation general partnership, common la	
First organized, formed or incorporated under the laws of FLORI on 05/20/2003 (Enter state (date of organization, formation or incorporation)	IDA c, or if a non-U.S. entity, the name of the country)
 The name of the Florida Limited Liability Company as set for JIM THOMPSON PLUMBING, LLC 	th in the attached Articles of Organization:
(Enter Name of Florida Limited Liability Compa	ny)
4. If not effective on the date of filing, enter the effective date:	e; AND 2) must be the same as the effective
date listed in the attached Articles of Organization, if an effec	•
•	•

Signed this 30 day of DECEMBER	2014		
Signature of Authorized Representative of Limit	ed Liability Obranany:		
Signature of Authorized Representative: Printed Name: JAMES L. THOMPSON	Title: MGR		‹
Signature(s) on behalf of Other Business Entity	See below for required signature(s).]		
Signature: JAMES L. THOMPSON	Mul Title: PRES.		<
Signature:Printed Name:			
Signature:Printed Name:			
Signature:Printed Name:			•
Signature:Printed Name:			
Signature:Printed Name:			
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Off Directors or Officers have not been selected, an Inc.			
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:		
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	ty Limited Partnership:		
All others: Signature of an authorized person.			
Fees:		1945 1946 (1946) 1977 (1947)	2015
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	ABSSYHY ABVIBE	SFFR-2 PM D
		ORIE V.	5 (7)

Page 2 of 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company	is:	
JIM THOMPSON PLUMBING, LLC		
(Must end with the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Li	iability Company is:
Principal Office Address:	Mailing Address:	
2315 NE 8TH ROAD OCALA, FL 34470	SAME	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Regibusiness entity with an active Florida registration.)		
The name and the Florida street address of the	e registered agent are:	
JAMES L. THOMPSON	1	
Na	me	
2315 NE 8TH ROAD		
——————————————————————————————————————	O. Box NOT acceptable)	
OCALA	FL 34470	
City	Zip	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet accept the obligations of my position as it	in this certificate, I hereby accept acity. I further agree to comply w te performance of my duties, and I	t the appointment as ith the provisions of all am familiar with and
(mun)	Thin(m)	,
Registered Agent's Si	ignature (REQUIRED)	2015 FEB
(CONT)	INUED)	ARY ASSE
Page .	1 of 2	PHI2: 33 YOF STATE FLORIDA

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	JAMES L. THOMPSON
	2315 NE 8TH ROAD
	OCALA, FL 34470
j (
(Use attachment if necessary)	
(000 0000000000000000000000000000000000	
RTICLE VI: Other provisions, if any.	
PROJUPED SIGNATURE	
REQUIRED SIGNATURE:	1 than man
(Inno)	Thimma)
Signature of a member	r or an authorized representative of a member:
Signature of a member (In accordance with section 605.0203 (In constitutes an affirmation under the penal	alties of perjury that the facts stated herein are true.
Signature of a member (In accordance with section 605.0203 (In constitutes an affirmation under the penal I am aware that any false information su	alties of perjury that the facts stated herein are true.
Signature of a member (In accordance with section 605.0203 (In constitutes an affirmation under the penal	alties of perjury that the facts stated herein are true.
Signature of a member (In accordance with section 605.0203 (It constitutes an affirmation under the penal I am aware that any false information su constitutes a third degree felony as provided in the section of the s	bmitted in a document to the Department of State ided for in s.817.155, F.S.)
Signature of a member (In accordance with section 605.0203 (It constitutes an affirmation under the penal I am aware that any false information su constitutes a third degree felony as provided in the section of the s	bmitted in a document to the Department of State ided for in s.817.155, F.S.)
Signature of a member (In accordance with section 605.0203 (In constitutes an affirmation under the penal I am aware that any false information su constitutes a third degree felony as provided in the section of the s	bmitted in a document to the Department of State ided for in s.817.155, F.S.)
Signature of a member (In accordance with section 605.0203 (In constitutes an affirmation under the penal I am aware that any false information su constitutes a third degree felony as provided in the section of the s	bmitted in a document to the Department of State ided for in s.817.155, F.S.) ped or printed name of signee
Signature of a member (In accordance with section 605.0203 (It constitutes an affirmation under the penal I am aware that any false information su constitutes a third degree felony as provided in the section of Registered Agent.	alties of perjury that the facts stated herein are true. bmitted in a document to the Department of State ided for in s.817.155, F.S.) ped or printed name of signee f Organization and Designation
Signature of a member (In accordance with section 605.0203 (In constitutes an affirmation under the penal I am aware that any false information su constitutes a third degree felony as provided in the section of the s	alties of perjury that the facts stated herein are true. bomitted in a document to the Department of State ided for in s.817.155, F.S.) ped or printed name of signee f Organization and Designation

Page 2 of 2

The name and address of each person authorized to manage and control the Limited Liability

ARTICLE IV-