## 12000105788

(Re	questor's Name)	
(Àddress)		
(Address)		
(Cit	y/State/Zip/Phone	= #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



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## COVER LETTER

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

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Articles of Conversion
For
"Other Business Entity"

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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:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
on Sept. 21 2006  (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
5. The plan of conversion has been approved in accordance with all applicable statutes.
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

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<u>6</u>	this 61 1 61 1 61 1 61 1 61 1 61 1 61 1 61	0 4 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
	Signature of Authorized Representative of Limited Liability Company:				
	Signature of Authorized Representative:   Printed Name: Linda Crea Title: Member				
	Signature of Authorized Representative:	· M			
	Timed Name. Linda Crew	_ Title:			
	Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]				
	Signature:				
	Signature:Printed Name:	Title:			
	Signature: Printed Name:	Title			
		Title			
	Signature:				
	Signature: Printed Name:	Title:			
	Signature:Printed Name:	Title			
		Hue.			
	Signature:				
	Printed Name:	Title:			
	Signature				
	Signature:Printed Name:	Title-			
		1100.			
	If Florida Corporation:				
	Signature of Chairman, Vice Chairman, Director, or	Officer.			
	If Directors or Officers have not been selected, an In	corporator must sign.			
	lf Florida General Partnership or Limited Liabili	tv Partnershin:			
	Signature of one General Partner.	- A water starp.			
•	If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:			
	signatures of ALL General Partners.				
	All others:				
	Signature of an authorized person.				
	2				
<u> </u>	<u>lees:</u>				
	Articles of Conversion:	\$25.00			
	Fees for Florida Articles of Organization:	\$25.00 \$125.00			
	Certified Copy:	\$30.00 (Optional)			
	Certificate of Status:	\$5.00 (Optional)			
		- ( - L			

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE 1 - Name:** 

The name of the Limited Liability Company is:	
Spiritual R	adiance, LCC
(Musi contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9 Harbour & Ste DR. E. Unit Day Et. Pierro FC, 34949	9 Harbour Isle PR. E Unit Ft. pierce, FL 204
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature:
The name and the Florida street address of the re	gistered agent are:
Linda Name	Crea =
Name	, j
9 Harber I Florida street address (P.O.	Slepri Ei Unt 2043. Box NOT acceptable)
Ft. Pierce City	FL 34949 Zip
Having been named as registered upent and to	accept service of process for the above stated limited

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 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
'MGR" = Manager	Linda Crea 9 Harbor Este DR.C. Unf Ft. Pierce, FC. 34949		
(Use attachment if necessary)			
CLE V: Other provisions, if any,			
REQUIRED SIGNATURE:	Licu		
inis document is executed in accordance u	n authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that ent to the Department of State constitutes a third degree felony		
Type	ed or printed name of signee		

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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

. . . .

ARTICLE IV-