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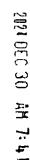
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- (Cit	y/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name))
(Do	cument Number)	·
Certified Copies	Certificates of	f Status
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Special Instructions to	Filing Officer:	
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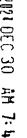
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Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles 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.605.1045. Florida Statutes.

TIMCO HOME REPAIRS AND IMPROVEMENTS, 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 (Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
10/02/2003
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
TIMCO HOME REPAIRS AND IMPROVEMENTS, LLC
(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.
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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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Signature	of Authorized Representative of Lir	nited Liability Company:			
Charatura	of Authorized Representative:	El Kell			
Printed Na	me: Timothy W Keleher	Title: AMBR	_		
			_		
Signature	(s) on behalf of Other Business Entity:	[See below for required signature(s)]			
· · ·	Tinth Kole				
Signature? Deinted Ma	mer Timothy W Keleher	Title: President, Director	-		
Timed tya	me	Title:	-		
Signature:			_		
Printed Na	me:	Title:	_		
Signature:		Title:	-		
Printed Na	me;	1100:	-		
Signature:					
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Signature					
Printed Na	.me:	Title:	_		
	Corporation:	0.07			
	of Chairman, Vice Chairman, Director, o s or Officers have not been selected, an I				
11 Director	s of Officers have not been selected, and	incorporator must sign.			
If Florida	General Partnership or Limited Liabi	ility Partnership:		2 <u>#</u> 2	
Signature of	of one General Partner.			2824 DEC	
				C>	
<u>If Florida</u>	Limited Partnership or Limited Liabi	ility Limited Partnership:		30	
Signatures	of <u>ALL</u> General Partners.		<u>.</u>		
All others	:			ĸ	
	of an authorized person.			7: 4	
Fees:					
Α	ticles of Conversion:	\$25.00			
AI					
F	os far Flanda Articles al Organization:	51 / 1 UU			
	es for Florida Articles of Organization: rtified Copy:	\$30.00 (Optional)			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:		
TIMCO HOME REPAIRS AND IMPROVEMENTS. (Must contain the words "Limited Liabilit		
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	
3736 Coelebs Ave	1140 NW 20th Avenue	
Boynton Beach, FL 33436	Delray Beach, FL 33445	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the registration.	tered Agent, You must designate an inc	dividual or another
Timothy W Keleher		
Name	<u>:</u>	
3736 Coelebs Ave		
Florida street address (P.O	. Box <u>NOT</u> acceptable)	
Boynton Beach	FL ³³⁴³⁶	
City	Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capace statutes relating to the proper and complete paccept the obligations of my position as registered Agent's Signary (CONTIN)	n this certificate, I hereby accertify. I further agree to comply overformance of my duties, and gistered agent as provided for mature (REQUIRED)	pt the appointment as with the provisions of all Ham familiar with and
(CONTIN	UED)	∵

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• •	1.		v . I		

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

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
AMBR	Timothy W Keleher	_
	3736 Coelebs Ave	_
	Boynton Beach, FL 33436	_
		_
		_
		_
		-
		-
		_
		_
		_
TCLE V: Other provisions, if any.		
		486
DEVALUAÇÃO CIZAR A TUBE		חבינ
<u>required</u> signature:		, 70
		C
man day		
J .		
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am aware ment to the Department of State constitutes a third degree for	that dony
Timothy W Keleher		_
	ped or printed name of signee	

Filing Fees

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