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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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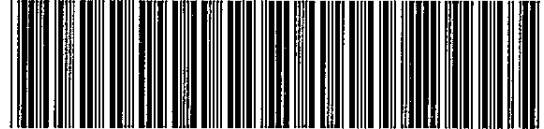
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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EFFECTIVE DATE:

06/10/05

DEPT.  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

05 JUN 13 PM 2:37

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TALLAHASSEE, FLORIDA

2005 JUN 13 PM 4:49

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J. BRYAN JUN 14 2005

CT CORPORATION

June 13, 2005

Secretary of State, Florida  
409 East Gaines Street  
Tallahassee FL 32399

Re: Order #: 6384517 SO  
Customer Reference 1:  
Customer Reference 2:

Dear Secretary of State, Florida:

Please obtain the following:

Aventura I.M.P., LLC (FL)  
Formation  
Florida

Aventura I.M.P., LLC (FL)  
Misc - Domestic LLC Filing - Certificate of Conversion  
Florida

Aventura I.M.P., LLC (FL)  
Obtain Document - Misc - Obtain Certified Copy of entire filing  
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

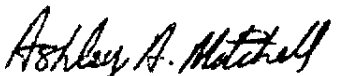
660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

A WoltersKluwer Company

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

CT CORPORATION

Sincerely,



Ashley A. Mitchell  
Fulfillment Specialist  
Ashley\_Mitchell@cch-lis.com

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

A WoltersKluwer Company

**CERTIFICATE OF CONVERSION**

Pursuant to section 608.439, Florida Statutes, the following unincorporated business entity hereby submits the attached articles of organization and this certificate of conversion to convert to a Florida limited liability company:

FIRST: The name of the unincorporated business immediately prior to filing this document was:

AVENTURA I.M.P., LTD.

SECOND: The date on which and the jurisdiction in which the unincorporated business was first created or otherwise came into being are:

- A. Date: June 20, 2001
- B. Jurisdiction: Texas
- C. If different from the above noted jurisdiction, the jurisdiction immediately prior to its conversion: N/A

THIRD: The name of the limited liability company as set forth in the attached articles of organization is:

AVENTURA I.M.P., LLC

SFK Investments, LLC, Member

By: [Signature] Sasson Kassab, Manager

Signature of a Member or an Authorized Representative of a Member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Sasson Kassab

Typed or Printed Name of Signee

**FILING FEES:**

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Filing Fee for Registered Agent Designation
- \$ 25.00 Filing Fee for Certificate of Conversion
- \$ 30.00 Certified Copy (optional)
- \$ 5.00 Certificate of Status (optional)

(Note: Section 608.439, F.S., does not provide for a corporation to convert to a limited liability company.)

DNHS11(10/99)

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
OF  
AVENTURA I.M.P., LLC**

**ARTICLE I - NAME**

The name of the Limited Liability Company is AVENTURA I.M.P., LLC (the "Company").

**ARTICLE II- ADDRESS**

The mailing address and street address of the principal office of the Company is: 36 N.E. First Street, Suite 211, Miami, Florida 33132.

**ARTICLE III- DURATION**

**EFFECTIVE DATE**

06/10/05

The period of duration for the Company shall be perpetual.

**ARTICLE IV- MANAGEMENT**

The Company will be a manager-managed Company.

**ARTICLE V - EFFECTIVE DATE**

The effective date of formation of the Company is June 10, 2005.

IN WITNESS WHEREOF, the undersigned representative of the Members has executed these Articles of Organization this June 10, 2005.

  
\_\_\_\_\_  
Norman S. Weider, Esq.

Preparer:  
Norman S. Weider, Esq.  
100 S.E. 2d Street, #3950  
Miami, FL 33131  
Phone: (305) 371-6338 - Florida Bar No. 150388

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: **AVENTURA I.M.P., LLC.**
2. The name and address of the registered agent and office is:

Norman S. Weider, Esq.  
100 S.E. 2nd Street  
Suite 3950  
Miami, Florida 33131

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 PROPERTY AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

  
\_\_\_\_\_  
NORMAN S. WEIDER, ESQ.

DATE: 6/10/2005

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