# L08000088829

•	(Requestor's Name)
•	(Address)
-	(Address)
	(City/State/Zip/Phone #)
_	prints prints
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Charial Instruction	on to Eiling Officer
Special instruction	is to Filing Officer.
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Office Use Only



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## **COVER LETTER**

TO: Registration S Division of C			
SUBJECT:	he genesi	5 Firm, L. Florida Limited Company)	LC.
	siness Entity" into a "	ticles of Organization, Florida Limited Liabili	and fees are submitted to ity Company" in
	espondence concerning		
Edgard	(Contact Person) PESIS Firm, (Firm/Company) NW 11 12 (Address) FL 3316	ano	
The ger	(Contact Person) PESIS Firm,	.220	
12515	(Firm/Company) ルル リガ	Lane	
Mianii ,	FL 33/	82	
(0	City, State and Zip Code)		
For further information	on concerning this man	tter, please call:	07 277
Lagara .	Zumbrano	$C_{at}(303)$ $2$	97-8336 Oytime Telephone Number)
Name of Conta	ct Person)	(Area Code and Da	lytime Telephone Number)
Enclosed is a check for	or the following amou	nt:	
□ \$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	\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS Registration Section	S:	MAILING A Registration S	
Division of Corporati	ons	Division of C	
Clifton Building	,	P. O. Box 632	27
2661 Executive Center	er Circle	Tallahassee, I	FL 32314

Tallahassee, FL 32301

## **Certificate of Conversion**

For

# "Other Business Entity"

Into

## Florida Limited Liability Company

This Certificate 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.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this
Certificate of Conversion is: The Jenesis Firm, Inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>Corporation</u> .  (Enter entity type. Example: corporation, limited partnership, sole proprietorship,
general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of Florida.  (Enter state, or if a non-U.S. entity, the name of the country)
onO2 - 20 - 2006 (Enter date "Other Business Entity" was first organized, formed or incorporated)
(Enter date "Other Business Entity" was first organized, formed or incorporated)
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  The Genesis Firm, LLC.
(Enter Name of Florida Limited Liability Company)
5. If not effective on the date of filing, enter the effective date:  (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is?
listed therein.)

Signe	d this 15 day of September	20_08		
Signa	ture of Member or Authorized Representa	ntive of Limited Liability Co	mpany:	
Signa Printe	ture of Member or Authorized Representative d Name: <u>Edgard Kambrano</u>	e:Title: _416R41		<del>-</del>
Signa	ture(s) on behalf of Other Rusiness Entity:	See below for required signat		
Signat Printe	d Name: <u>Kdgard Zambrano</u>	Title: President.		<del>_</del>
Signat Printe	ture:	'STitle: Vice President		_
Printe	ture:d Name:	Title:		_
Signat Printe	ture:d Name:	Title:		
Printe	ture:d Name:	_ Title:		_
Signat	ture:d Name:	Title		_
	rida Corporation:	Title.		_
Signat	ture of Chairman, Vice Chairman, Director, or ectors or Officers have not been selected, an Inc			
	rida General Partnership or Limited Liabili cure of one General Partner.	ty Partnership:		
If Flor Signat	rida Limited Partnership or Limited Liabili cures of <u>ALL</u> General Partners.	y Limited Partnership:		
All oth Signat	hers: ure of an authorized person.			
Fees:				
	Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	TALLAHASSI	08 SEP 17

Page 2 of 2

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ECREMAY OF STATE
LAHASSEE FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The	Jenesis Firm,	LLC
	words "Limited Liability Company,"	
ARTICLE II The mailing ac Liability Comp	ddress and street address of t	he principal office of the L
Principal Offi	ice Address:	Mailing Address:
12515 N	W 11th Lane	Same as Prince
Miami Fo	L 33182	***************************************
Signature:		
individual or anothe		Registered Agent. You must design
individual or anothe business entity wit	er ith an active Florida registration.) the Florida street address of	the registered agent are:
individual or anothe business entity wit	the an active Florida registration.)  the Florida street address of  Edgard Fan  12515 NW	the registered agent are:  hobrano  Name Lane
individual or anothe business entity wit	the Florida street address of  Lagard Lan  12515 NW 1  Florida street address (	the registered agent are:  horano  Name Lane  P.O. Box <u>NOT</u> acceptable
individual or anothe business entity wit	the Florida street address of  Lagard Lan  12515 NW    Florida street address (  Miami	the registered agent are:  Plane  P.O. Box NOT acceptable  FL 33/82
individual or anothe business entity wit	the Florida street address of  Lagard Lan  12515 NW    Florida street address (  Miami	the registered agent are:  horano  Name Lane  P.O. Box <u>NOT</u> acceptable
Having been above stated hereby ac capacity. If the proper of	the Florida street address of  Lagard Lan  12515 NW    Florida street address (  Miami	the registered agent are:  PLANC  P.O. Box NOT acceptable  FL 33/82  State, and Zip  Indicate to accept service of proceeding the place designated in this castered agent and agree to ache provisions of all statutes my duties, and I am familiants registered agent as provided.
Having been above stated hereby accapacity. If the proper of	the Florida street address of  Lagra Lan  12515 NN  Florida street address (  Niami  City,  n named as registered agent a limited liability company at the cept the appointment as regisfurther agree to comply with the and complete performance of the obligations of my position as Chapter 60	the registered agent are:  Anno Name Anno P.O. Box NOT acceptable  FL 33/82  State, and Zip  Ind to accept service of proceute place designated in this actered agent and agree to ache provisions of all statutes my duties, and I am familiant registered agent as providents.
Having been above stated hereby ac capacity. If the proper of	the Florida street address of  Lagra Lan  12515 NN  Florida street address (  Niami  City,  n named as registered agent a limited liability company at the cept the appointment as regisfurther agree to comply with the and complete performance of the obligations of my position as Chapter 60	the registered agent are:  PLANC  P.O. Box NOT acceptable  FL 33/82  State, and Zip  Indicate to accept service of proceeding the place designated in this content and agree to ache provisions of all statutes my duties, and I am familial a registered agent as provided a service of proceeding the provisions of all statutes my duties, and I am familial as registered agent as provided a service of proceedings.  Service of proceedings are service of proceedings and agree to accept agent as provided agent

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member  MGRM	Edgard Lambrano.
	12515 NW 1119 Lane
	MIATIN PC 33/82
MGRM	Maria Eugenia Masel 12515 NW 119 Lanes
	12515 NW 1113 Lane
	Miami FL 33182
<del></del>	
	(Use attachment if necessary)
ent is filed by the Florida Department	date of filing:  (OPTIONAL)  for more than 90 days after the date this int of State; AND 2) must be the same as ertificate of Conversion, if an effective
ffective date: 1) cannot be prior to n ent is filed by the Florida Department ective date listed in the attached C listed therein.)	(OPTIONAL) for more than 90 days after the date this for the state; AND 2) must be the same as
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