# LD6000114402

" (Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
L. SELLERS
DEC 1 62008
EXAMINER

Office Use Only



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12/15/08--01029--019 \*\*185.00

CALLASSEE ABASSEE

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### **COVER LETTER**

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TO: Registration Division of C	Section Corporations	· · · · · · · · · · · · · · · · · · ·	
SUBJECT:	Rattlefield (Name of Resulting	Miami Florida Limited Company	)
	usiness Entity" into a '	rticles of Organization, 'Florida Limited Liabil	and fees are submitted t lity Company" in
Please return all corr	respondence concernin	g this matter to:	
Georg	(Contact Person)		
Battle	(Contact Person)  Field Miam; (Firm/Company)		
	(Address)		
Miami	(Address)  FL 3316  City, State and Zip Code)		
(	City, State and Zip Code)	en grand by Errein to an	r Persone emissions of a recognition of the con-
	on concerning this ma	_	
Billie M	ayle	_at ( 30 <b>5</b> ) 90	34-3562 aytime Telephone Number)
(Name of Cont	act Person)	(Area Code and Da	aytime Telephone Number)
Enclosed is a check	for the following amou	ınt:	
\$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 ADDRES	S:	MAILING A	ADDRESS:
Registration Section	:	Registration 3	
Division of Corporat Clifton Building	ions	Division of C P. O. Box 63.	
2661 Executive Cent Tallahassee, FL 323		Tallahassee,	

### **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:	
Battlefield Live	
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a Sole proprietor ship (10/11/11/100)	. ll re
	MA
(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)	
(Enter state, or it a non-o.s. entry, the name of the country)	
on 10/1/06	
on 10/1/06 (Enter date "Other Business Entity" was first organized, formed or incorporated)	
(Enter date Outer Business Entity was inst 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:	
and the faws of willest it is now organized, formed of incorporated.	
•	
4. The name of the Florida Limited Liability Company as set forth in the attached	
Articles of Organization:	
Anderes of Organization.	
Battlefield Mian;	
(Enter Name of Florida Limited Liability Company)	
5. If not effective on the date of filing, enter the effective date: 1/1/89	
(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.)	80
	) 유
Page 1 of 2	

Signed	this	9	day of	Deanbu	20	08	<u>.</u>		
Signatu	re of M	<u>embei</u>	or Autho	orized Repres	entative	of Liı	nited Lia	bility (	Company:
Signatur Printed 1	re of Me Name: <u></u>	ember o	or Authori	zed Represent	ative:Tit	le: P	residen	¥ / Fr	CAEVICET
<u>Signatu</u>	re(s) on	behalf	of Other	Business Enti	ty: [See l	elow	for requi	red sig	nature(s).]
Signatur	e:	_		moyle	m:	1			
			•	,					
Signatur Printed 1	e: Name:				Tit	le:			<u></u>
Signatur Printed 1	e: Name:	<del></del>			Tit	le:			
Printed 1	Name:				Tit	le:			
Printed 1	Name:				Tit	le:			·
Signatur	e:								
Printed 1	Name:			15 M. W.	Tit	le:			
If Florid Signatur	e of Cha	irman,	Vice Chai	rman, Director	, or Offic	er.			
If Direct	ors or O	fficers	have not b	een selected, a	n Incorpo	rator 1	nust sign.		
			tnership o al Partner.	or Limited Lia	ability Pa	rtner	ship:		
			tnership o eral Partne	or Limited Lis	bility Li	<u>nited</u>	<u>Partners</u>	hip:	
All othe Signatur		uthoriz	ed person.						
Fees:									
(		Florida Copy:		: of Organizatio	\$30	5.00 .00 <b>(</b> 0	Optional) ptional)		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Battle Field Miami LLC
(Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation

The mailing address and street address of the principal office of the Limited

**Mailing Address:** 

**ARTICLE I - Name:** 

**ARTICLE II - Address:** 

**Principal Office Address:** 

Miami, FL 33161

345 NE 115th St.

Liability Company is:

The name of the Limited Liability Company is:

ARTICLE III - Reg Signature: (The Limited Liability Comp	_			_		
individual or another business entity with an acti-	ve Florida registration.)					
The name and the Flo	orida street address o	f the registered	agent are:			
	George A	Idam Ma	le			
	George A 345 NE 115+1	Name	<del>y</del>			
	lorida street address					
	Miami	FL	33161			
		, State, and Zij	p			
above stated limited hereby accept the capacity. I further of the proper and con	l as registered agent of liability company at a le appointment as reginagree to comply with aplete performance of tions of my position a Chapter 6	the place design istered agent and the provisions of my duties, and as registered ag	nated in this certi nd agree to act in of all statutes rela I I am familiar wi	ficate, I this tting to th and		
		a/		Z Z S	80	
•	Registered Agen	t's Signature (	REQUIRED)		30.8	Pin.
	(CONTINUEI Page 1 of 2	<b>D</b> )		HASSEE	C 15 AH	

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

itle:	Name and Address:
MGR" = Manager MGRM" = Managing Member	
MGR	George Adam Mayle 345 NE 115th 5t
	345 NE 115th 57
	Migni, FL 33161
MGR	Sergio O'Reilly 7981 NW 181st St Hialeah FL 37015
	7981 NW 1815+ 5+
	Hialegh, FL 37015
	984-98-17-1
	(Use attachment if necessary)
tive date: 1) cannot be prior to is filed by the Florida Depart ive date listed in the attached	the date of filing: ////09 (OPTIONAL) to nor more than 90 days after the date this ment of State; AND 2) must be the same as I Certificate of Conversion, if an effective
ctive date: 1) cannot be prior to this filed by the Florida Depart ive date listed in the attached ted therein.)	to nor more than 90 days after the date this ment of State; <u>AND</u> 2) must be the same as
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ctive date: 1) cannot be prior to the is filed by the Florida Depart ive date listed in the attached ted therein.)  EOUIRED SIGNATURE:  Signature of a member or an of this document constitutes an that the facts	authorized representative of a member.  08.408(3), Florida Statutes, the execution affirmation under the penalties of perjury stated herein are true.)
etive date: 1) cannot be prior to is filed by the Florida Depart ive date listed in the attached ted therein.)  EQUIRED SIGNATURE:  Signature of a member or an that the facts	authorized representative of a member.  08.408(3), Florida Statutes, the execution affirmation under the penalties of perjury stated herein are true.)
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ctive date: 1) cannot be prior to is filed by the Florida Depart ive date listed in the attached ted therein.)  EQUIRED SIGNATURE:  Signature of a member or an (In accordance with section 60 of this document constitutes an that the facts  Acorge Acorge Typed or p  Filing Fees:  \$125.00 Filing Fee for Article of Registered Agent	authorized representative of a member.  Os. 408(3), Florida Statutes, the execution affirmation under the penalties of perjury stated herein are true.)  Os. 408(3) are true.
stive date: 1) cannot be prior to is filed by the Florida Depart ive date listed in the attached and therein.)  EQUIRED SIGNATURE:  Signature of a member or an that the facts of this document constitutes and that the facts are that the facts.  Filing Fees:  \$125.00 Filing Fee for Article.	authorized representative of a member.  Os. 408(3), Florida Statutes, the execution affirmation under the penalties of perjury stated herein are true.)  Sar