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(1	Requestor's Name)
(/	Address)
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((City/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
	Business Entity Name)
`	, ,
(i	Document Number)
Certified Copies	Certificates of Status

Special Instructions to Filing Officer:

P07-8427

A. LUNT

APR - 1 2009

EXAMINER

Office Use Only



600147891706

SECRETARY OF STATE TALLAHASSEE, FLORIDA

03/31/09--01018--011 **180.00

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: C & D MIAMI RENT LL (Name of Resulting		a Limited Co.	mpany)	_	•
The enclosed Certificate of Conversion, Ar convert an "Other Business Entity" into a "accordance with s. 608.439, F.S.					0
Please return all correspondence concerning	g this	matter to:			
JOAQUIN E COSSIO (Contact Person)			<u>-</u>	SECRE	2009 MAR 3 I
				ASS	$\widetilde{\omega}$
C & D MIAMi R.E . CORP (Firm/Company)			-	E C	
7477 NW 167th STREET (Address)				F STAT	PM 1: 23
MIAMI , FL 33015 (City, State and Zip Code)				A	ယ
For further information concerning this mat	tter, p	lease call:			
JOAQUIN E COSSIO	_at (_	786) 208-	5709	
(Name of Contact Person)		(Area Code	and Da	aytime Telephone Number)	
Enclosed is a check for the following amou	int:				
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\$155.00 Filing Fees and Certificate of Status		80.00 Filing Certified Cop		\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		Registra Divisio P. O. B	ation S n of C ox 632	Corporations	

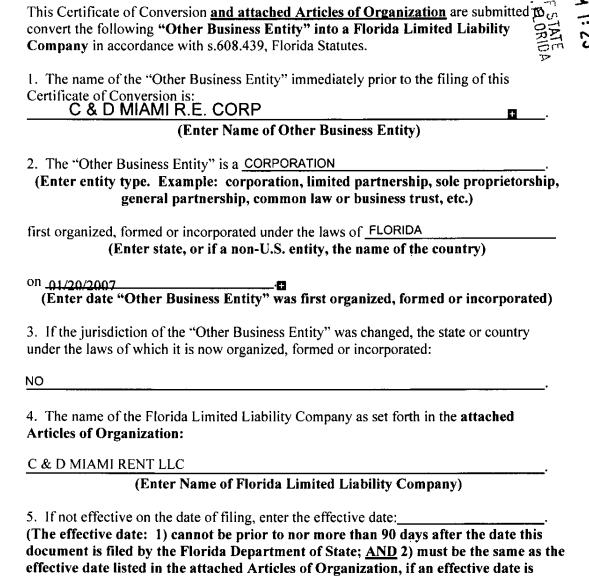
Certificate of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company



listed therein.)

Signed t	his <u>25</u>	_ day of MARCH		20 <u>09</u> .		
Signatu	re of Membe	r or Authorized Repre	<u>esentati</u>	ve of Limited Liability	Company:	
Signatur Printed N	e of Member Name: <u>JOAQL</u>	or Authorized Represer	ntative:	Title: REGISTERED AGE	NT	
-	7.7			ee below for required sig	gnature(s).]	
Signature Printed N	e:)nvoyell izo costi		Title: PRESIDENT		
Signature Printed N	e: Name:			Title:		
				Title:		
Signature Printed N	e: Name:			Title:		
Signature Printed N	e: Name:	**************************************		Title:	2009	
Signature Printed N	e: Name:			Title:	$\frac{SS}{SS}$ ω	7
Signature		on: Note Chairman, Directors have not been selected,			PH 1: OF STA	
	la General Pa e of one Gene	artnership or Limited L ral Partner.	iability	Partnership:	23 10 _A	
		rtnership or Limited L neral Partners.	iability	Limited Partnership:		
All other Signature	<u>rs:</u> e of an authori	zed person.				
Fees:						
F	Certificate of Gees for Florid Certified Copy Certificate of S	la Articles of Organizat	ion: \$	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan The name of the Lin	ie: mited Liability Company is	:	7 2
C & D MIAMI	•		SECLETAR TALLAMAS
(Must end with the words "LLC.")	"Limited Liability Company," the a	bbreviation "L.L.C.," or the designa	ETAS:
ARTICLE II - Ad	dress:		33. Yo
The mailing addres Liability Company	-	rincipal office of the Limit	F STATI
Principal Office A	ddress:	Mailing Address:	→
5767 NW 151st STR	EET	7477 NW 167tH STREET	
MIAMI LAKES, FL 33	014 ∓	MIAMI, FL 33015	6
Signature: (The Limited Liability Coindividual or another		d Office, & Registered Ag	
The name and the F	lorida street address of the	registered agent are:	
	JOAQUIN E COSSIO		
	Nam	e	
	7477 NW 167tH STREET		
	Florida street address (P.C.	Roy NOT acceptable)	

MIAMI FL 33015

City, State, and Zip

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 cartificate.

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 608, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Manager	naging Member(s): ger or Managing Member is as follows: Name and Address: LORENZO COSTA NAME AND CONTROL OF THE PROPERTY OF
"MGRM" = Managing Member	mg 2
MCDM	9E 2
MGRM	LORENZO COSTA
	VIA MARCONI GUGUELINO 4
	38033. CAVALESE, TRENTO, ITALY
MGRM	DANILO DAMOLIN
· · · · · ·	VIA LATEMAR 2
	38035, MOENA, TRENTO, ITALY
MGRM	DIETO CAMPRECIER
<u>NGRIVI</u>	PIETRO CAMPREGHER
	VIA MARIN 6
	38031, CAMPITELLO DI FASSA, TRENTO,
MGRM	PIERANGELO DAMOLIN
	VIA DEL PRENNER 4
	38030, ZIANNO DI FIENNE, TRENTO, ITAL
	(Use attachment if necessary)
E V. Effective descriptional of	data of Clina
LE V: Effective date, if other than the	
	(OPTIONAL)
ective date: 1) cannot be prior to i	(OPTIONAL) nor more than 90 days after the date this
ective date: 1) cannot be prior to a	(OPTIONAL) nor more than 90 days after the date this ent of State; <u>AND</u> 2) must be the same as
ective date: 1) cannot be prior to a not is filed by the Florida Departme ctive date listed in the attached C	(OPTIONAL) nor more than 90 days after the date this
ective date: 1) cannot be prior to not is filed by the Florida Departmentive date listed in the attached Costed therein.)	(OPTIONAL) nor more than 90 days after the date this ent of State; <u>AND</u> 2) must be the same as
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ective date: 1) cannot be prior to not is filed by the Florida Departmentive date listed in the attached Costed therein.) REQUIRED SIGNATURE: Signature of a member or an au	(OPTIONAL) nor more than 90 days after the date this ent of State; <u>AND</u> 2) must be the same as Certificate of Conversion, if an effective thorized representative of a member.
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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)