L100000923/3

(Re	questor's Name)	
· (Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
	WAIT	
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 SEP - 1 MM 9: 85

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T. HAMPTON

982 - 9 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: MAGY I	NTERIORS LLC				
	(Name of Resulting	Florida Lim	nit ed Co	mpany)	
	isiness Entity" into a '				and fees are submitted to ty Company" in
Please return all corre	espondence concernin	g this matt	ter to:		
JUAN E. RAMIREZ				_	
	(Contact Person)			-	
Allapattah Accountant C	onsultants				
	(Firm/Company)			=	
2814 N W 17 Ave.					
	(Address)			•	
Miami FLORIDA 33142	2			_	
((City, State and Zip Code)			-	
JERAMIREZ@BELLSO	UTH.NET			_	
E-mail Address: (to b	e used for future annual re	port notifica	tions)	-	
For further information	on concerning this ma	tter, please	e call:		
JUAN E. RAMIREZ		_at (305) 635-35	560
(Name of Conta	ct Person)		ea Code	and Day	ytime Telephone Number)
Enclosed is a check f	or the following amou	int:			
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 and Certif			□\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS	S:	N	MAILI	NG A	DDRESS:
Registration Section		F	Registra	ation S	ection
Division of Corporati	ons				orporations
Clifton Building				ox 632	
2661 Executive Center Tallahassee, FL 3230		7	allaha	ssee, F	L 32314
Tananassee, FL 323(/ 1				



RECEIVED

10 SEP -1 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Division of Corporations

August 26, 2010

JUAN E RAMIREZ ALLAPATTAH ACCOUNTANT CONSULTANTS 2814 NW 17 AVE MIAMI, FL 33142

SUBJECT: MAGY INTERIORS, LLC

Ref. Number: W10000038773

We have received your document for MAGY INTERIORS, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Organization, if any.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II

Letter Number: 910A00020468



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

10 AUG 25 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

August 17, 2010

UAN E RAMIREZ ALLAPATTAH ACCOUNTANT CONSULTANTS 2814 NW 17 AVE MIAMI, FL 33142

SUBJECT: MAGY INTERIORS, LLC3

Ref. Number: W10000038773

We have received your document for MAGY INTERIORS, LLC3 and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 608.4403, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by a member or an authorized representative of a member. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Organization, if any.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II

Letter Number: 010A00019768

Division of Comparations D.O. DOV 6997 Wellaharras Elevida 99914

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

This Certificate 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.608.439, Florida Statutes.

(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a CORPORATION (S-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 STATE OF FLORIDA	
(Enter state, or if a non-U.S. entity, the name of the country)	
on 09/20/2000 .	
(Enter date "Other Business Entity" was first organized, formed or incor	porated
3. If the jurisdiction of the "Other Business Entity" was changed, the state or co under the laws of which it is now organized, formed or incorporated:	untry
STATE OF FLORIDA	·
4. The name of the Florida Limited Liability Company as set forth in the attach Articles of Organization:	ed
MAGY INTERIORS, LLC	
(Enter Name of Florida Limited Liability Company)	

listed therein.)

Signed this 12TH	day of <u>AUGUST</u>	20_10	<u></u>
			imited Liability Company:
Signature of Membe Printed Name: MAGA	r or Authorized Represent LY E. RAMIREZ	tative: $\frac{M}{\text{Title}(\frac{N}{N})}$	zgálykaier
Signature: Printed Name:	EDLY EXCY	Title:	v for required signature(s).]
Signature:Printed Name:		Title:	
Signature:Printed Name:		Title:	,
Signature:Printed Name:		Title:	
Signature:Printed Name:		Title:	
Signature: Printed Name:		Title:	
If Directors or Office	n, Vice Chairman, Directors have not been selected, a	n Incorporator	_
If Florida General P Signature of one General	<mark>artnership or Limited Li</mark> eral Partner.	ability Partne	rship:
If Florida Limited P Signatures of ALL G	artnership or Limited Liseneral Partners.	ability Limited	l Partnership:
All others: Signature of an autho	rized person.		
Fees:			

SECRETARY OF STATE
DIVISION OF CORPORATION

10 CFP - 1 AM 9: 86

Certificate of Conversion:

Certified Copy:

Certificate of Status:

Fees for Florida Articles of Organization:

\$25.00

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MAGY INTERIORS, LLC

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

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	<u> Mailing Address:</u>
2814 N W 17 Ave.	2814 N W 17 Ave.
MIAMI FLORIDA 33142	Miami FLORIDA 33142

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another

business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

JUAN E. RAMIREZ	
	Name
2814 N W 17 Ave.	
Florida street add	dress (P.O. Box NOT acceptable)
Miami	FL 33142
_	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 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)

(CONTLNUED)
Page 1 of 2

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SECRETARY OF STATE

PIVISION OF CORPORATION

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Me	mber
MGRM	· MAGALY RAMIREZ
	2814 N W 17 Ave.
	MIAMI FLORIDA 33142
	•
•	
**************************************	·
	(Use attachment if necessary)
CLE V: Effective date, if oth	er than the date of filing
Diedire date, ii oli	(OPTIONAL)
fective date: 1) cannot be	prior to nor more than 90 days after the date thi
ent is filed by the Florida l	Department of State; <u>AND</u> 2) must be the same a
	ttached Certificate of Conversion, if an effective
listed therein.)	
DECLUDED CLONATUD	D.
REQUIRED SIGNATUR	<i>,</i>

Signature of a member of 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.)

MAGALY E. RAMIREZ

Typed 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)

Page 2 of 2