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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

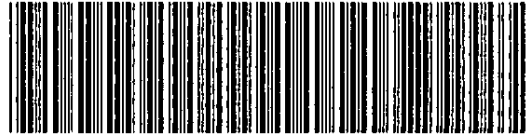
(Business Entity Name)

(Document Number)

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

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Law Offices of  
Frye & Associates, P.L.

Attorneys at Law

Austin A. Frye, Esq.  
Also admitted in MA

Asset Protection  
Corporate Planning  
Probate Administration  
Estate & Trust Planning  
Trust Administration  
Guardianship

January 31, 2011

Registration Division  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: Sapoznik Insurance & Associates Conversion**

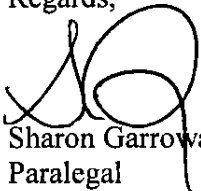
Dear Sir or Madam:

Enclosed please find the following in connection with the above-referenced matter:

- Certificate of Conversion;
- Articles of Organization and
- Check in the amount of \$150.00 representing the required filing fees.

Should you have any questions or require further information, please do not hesitate to contact me.

Regards,

  
Sharon Garroway,  
Paralegal

SG/hs  
enclosures

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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:

SAPOZNIK INSURANCE & ASSOCIATES, INC. K45963  
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a 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 FLORIDA  
(Enter state, or if a non-U.S. entity, the name of the country)

on NOVEMBER 17, 1988  
(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**:

SAPOZNIK INSURANCE & ASSOCIATES, 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.)

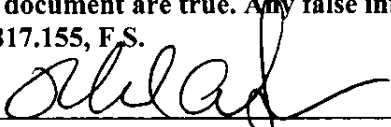
6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting the conversion.

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is currently organized, formed or incorporated.

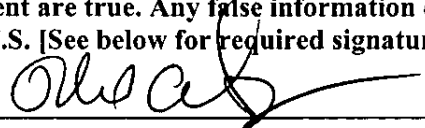
Signed this \_\_\_\_\_ day of JANUARY 2011.

**Signature of Member or Authorized Representative of Limited Liability Company:**

Individual signing affirms that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Member or Authorized Representative:   
Printed Name: RACHEL A. SAPOZNIK Title: MANAGING MEMBER

**Signature(s) on behalf of Other Business Entity:** Individual(s) signing affirm(s) that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S. [See below for required signature(s).]

Signature:   
Printed Name: RACHEL A. SAPOZNIK Title: DIRECTOR

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida Corporation:**

Signature of Chairman, Vice Chairman, Director, or Officer.  
If Directors or Officers have not been selected, an Incorporator must sign.

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**All others:**

Signature of an authorized person.

**Fees:**

Certificate of Conversion: \$25.00  
Fees for Florida Articles of Organization: \$125.00  
Certified Copy: \$30.00 (Optional)  
Certificate of Status: \$5.00 (Optional)

**Articles of Organization  
For  
Florida Limited Liability Company**

**Article I**

The name of the Limited Liability Company is:  
Sapoznik Insurance & Associates, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
1100 NE 163<sup>rd</sup> Street, 2<sup>nd</sup> Floor  
North Miami Beach, FL 33162

The mailing address of the Limited Liability Company is:  
1100 NE 163<sup>rd</sup> Street, 2<sup>nd</sup> Floor  
North Miami Beach, FL 33162

**Article III**

The purpose for which this Limited Liability Company is organized is:  
The Company is organized to continue the business of Sapoznik Insurance & Associates, Inc. and to engage in any other lawful business permitted under the laws of the United States and the State of Florida.

**Article IV**

The name and Florida street address of the registered agent is:  
Austin A. Frye  
20900 W Dixie Highway  
Aventura, FL 33180

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.

Registered Agent Signature: \_\_\_\_\_

Austin A. Frye

## Article V

The name and address of managing members/managers are:

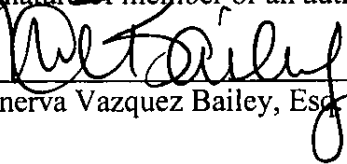
Title: MGRM  
Rachel A. Sapoznik  
1100 NE 163<sup>rd</sup> Street, 2<sup>nd</sup> Floor  
North Miami Beach, FL 33162

## Article VI

The effective date for this Limited Liability Company shall be:

(Date of filing)

~~Signature of member~~ or an authorized representative of a member

  
\_\_\_\_\_  
Minerva Vazquez Bailey, Esc

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