## L12000133381

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL.
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(Do	ocument Number)	
Certified Copies	Certificates	of Status
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B. KOHR

OCT 1 9 2012

EXAMINER



1000 Ponce de Leon Blvd. Suite: 105 Coral Gables, FL 33134 Phone: 305-444-4994 Email: filing@ecfsfiling.com Office Use Only

### CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1.	Porto Venere	INC P11000074224
	(CORPORATE NAME)	(DOCUMENT #)
2.	(CORPORATE NAME)	(DOCUMENT #)
	(CORPORATE NAIVIE)	(DOCOMENT #)
3.	(CORPORATE NAME)	(DOCUMENT #)
	] Walk-In 🗹 Pick up time:	Certified Copy

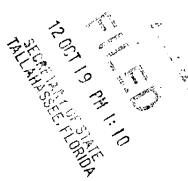
4	New Filings
	Profit
	Non-Profit
	Limited Liability
	Other:

Amendments
Amendments
Resignation
Dissolution/Withdrawal
Other:

	Other Filings
	Annual Report
	Fictitious Name
	Apostille:
<b>√</b>	Other: Conversion
	INC +LLC

Examiners	Initials	

### 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.

	ess Eauty" immediately prior to the filing of this Certificate of		
Conversion is:	PORTO VENERE, INC. PHOUSE 742	<b>5</b> (	
	PORTO VENERE, INC. (Enter Name of Other Business Entity)		
(Enter en	ry" is a <u>CORPORATION</u> tity type. Example: corporation, limited partnership, al partnership, common law or business trust, etc.)		
	orporated under the laws of <u>FLORIDA</u> tate, or if a non-U.S. entity, the name of the country)		
on <u>03-08-2010</u> (Enter date "Othe	Business Entity" was first organized, formed or incorporated)		
3. If the jurisdiction of the "C which it is now organized, for	Other Business Entity" was changed, the state or country under the laws of med or incorporated:	of	
FLORIDA			
4. The name of the Florida L Organization:	imited Liability Company as set forth in the attached Articles of		
PORTO VENERE, L	LC.		
(En	ter Name of Florida Limited Liability Company)		
	of filing, enter the effective date:		
filed by the Florida Departm	ot be prior to nor more than 90 days after the date this document is nent of State; AND 2) must be the same as the effective date listed in ration, if an effective date is listed therein.)	the	
6. The conversion is permitted	d 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	20	
Individual signing affi	r or Authorized Representati frms that the facts stated in the free felony as provided for in	ive of Limited Liability Company: his document are true. Any false infor 5.817.155, F.S.	-matio <del>o</del>
Signature of Member ( Printed Name: <u>SILVAN</u>	or Authorized Representative: IA SACERDOTI	Title: MGRM	•
this document are trill s.817.155, F.S. [See ]	of Other Business Entity: In c. Any false information cons low for required signature(s).	dividual(s) signing affirm(s) that the stitutes a third degree felony as provid.]	facts stated in led for in
Signature: Printed Name: anyaya	SACERDOTL	Title: PD	
Signature:	Reall		
Printed Name: AICAB	DO SACERDOTI	Title: yp	
Signature:	a and		
Printed Name: CATALIN	IA K. DE SACERDOTI	Title: SD	
Signature:			
Printed Name:		Title:	
Signature:		Tislar	
Fritted Name		Title:	
Signature:		Title:	
		, 1146.	
	Vice Chairman, Director, or O		
If Directors or Officers 1	have not been selected, an Inco	rporator must sign.	
If Florida General Par Signature of one Genera	tnership or Limited Liability Il Partner.	Partnership:	
If Florida Limited Part Signatures of ALL General	tnership or Limited Liability cral Partners.	Limited Partnership:	
All others: Signature of an authorize	ed person.		
Fees:			
Certificate of Conversion Focs for Florida Article Certified Copy: Certificate of Status:	n ·	.9 .	

Page 2 of 2

# Alla Service of the s

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPA

ARTICLE I - Name:

The name of the Limited Liability Company is:

### PORTO VENERE, LLC.

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

### ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1110 HALESWORTH DR

POTOMAC, MD 208054-5180

1110 HALESWORTH DR POTOMAC, MD 208054-5180

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company counts 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:

### R & P ACCOUNTING & TAXES, INC.

Nome

### 150 S.E. 2ND AVENUE, SUITE 1110

Plorida street address (P.O. Box NOT acceptable)

MIAMI

FL 33131

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 finither agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familian 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

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

<b>J</b> GRM	SILVANA SACERDOTI
	1110 HALESWORTH OR
	POTOMAC, MD 208054-5180
MGRM	RICARDO SACERDOTI
<u> </u>	1110 HALESWORTH DR
	POTOMAC, MD 208054-5180
MGRM	CATALINA K DE SACERDOTI
1.30//	1110 HALESWORTH DR
	POTOMAC, MO 208054-5180
Use attachment (finecessary)  EV: Effective date, if other then the	date of filing: (OPTION of the control of th

x dhe taalt

Signature of a member or bu authorized representative of a member.

(in accordance with section 608.408(3). Ficulds Standes, the execution of this document continues as efficiencies, under the position of paging that the facts stands heaving no bus. I am aware that any fairs sufamination arithmitted in a document to the Department of State constitutes a third degree follows as provided for in a 817.155. F.S.)

### SILVANA SACERDOTI

Typed or printed muse or signes

Filips Fees

REQUIRED SIGNATURE:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 50.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)