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BANK OF AMERICA CENTER 390 NORTH ORANGE AVENUE SUITE 1400 ORLANDO, FL 32801 TELEPHONE: 407.839.4200 FAX 407.425.8377 WWW.BROADANDCASSEL COM

HELEN BROCK FORD PARALEGAL DIRECT LINE: 407.481.5222 DIRECT FACSIMILE: 407.425,8377 EMAIL: HFORD@BROADANDCASSEL.COM

March 15, 2016

#### VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Florida Department of State Division of Corporations Post Office Box 6327 Tallahassee, Florida 32317

Re: Lighting Paradise Corp. into Lighting Paradise, LLC

Dear Sir/Madam:

Enclosed for filing, please find an original and one (1) executed copy of the following documents:

- 1. Articles of Conversion for "Other Business Entity" into a Florida Limited Liability Company for Lighting Paradise Corp.; and
- 2. Articles of Organization for Florida Limited Liability Company for Lighting Paradise, LLC.

Our firm's check in the amount of \$150.00 accompanies the enclosed documents. Please return a filed copy of each to the undersigned at your earliest convenience. Thank you.

Sincerely,

Paralegal

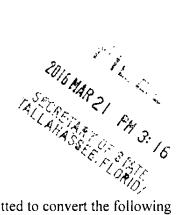
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Enclosures

cc: Mr. Andres Cabo

## Articles of Conversion For "Other Business Entity"

### Into



Florida Limited Liability Company

The Articles 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.605.1045, Florida Statutes.

1. The name of the "Other Busin LIGHTING PARADISE CORP.	ness Entity" immediately prior to the filing of the Articles of Conversion is:
(1	Enter Name of Other Business Entity)
2. The "Other Business Entity" i	corporation s a,
·	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorp	porated under the laws of Florida
January 30, 1992	(Enter state, or it a non-U.S. entity, the name of the country)
(date of organization, formation or	incorporation)
3. The name of the Florida Limit	ted Liability Company as set forth in the attached Articles of Organization:
LIGHTING PARADISE, LLC	
	me of Florida Limited Liability Company)
(The effective date: 1) cannot l date this document is filed by the date listed in the attached Artic	filing, enter the effective date: March 14 20 4.  be prior to date of receipt or filed date nor more than 90 days after the he Florida Department of State; AND 2) must be the same as the effective cles of Organization, if an effective date is listed therein.) does not meet the applicable statutory filing requirements, this date will not be listed as the tment of State's records.
5. The plan of conversion has been	en approved in accordance with all applicable statutes

Page 1 of 2

Signed this 14 day of March	20 2016
Signature of Authorized Representative of Limit	ted Liability Company:
Signature of Authorized Representative: Printed Name: Andres Cabo	Title: Manager
Signature(s) on behalf of Other Business Entity:	
Signature: Printed Name Muse Cabo	
Printed Name Cabo	Title: President
Signature:Printed Name:	Tido.
Printed Name:	_ i itie:
Signature:Printed Name:	Title:
Signature: Printed Name:	
Printed Name:	_ Title:
Signature:Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
<u>Fees:</u>	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<b>ARTICLE I - Name:</b> The name of the Limited Liability Company	is:
LIGHTING PARADISE, LLC	
	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	e principal office of the Limited Liability Company is:
•	, , , , , , , , , , , , , , , , , , ,
Principal Office Address:	Mailing Address:
5455 SW 8th Street, #135	Post Office Box 440913
Miami, Florida 33134	Miami, Florida 33144
business entity with an active Florida registration.)  The name and the Florida street address of the Andres Cabo  Na	he registered agent are:
5455 SW 8th Street, #135	
	P.O. Box NOT acceptable)
Miami	FL 33134
City	Zip
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple	ad to accept service of process for the above stated limited d in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all ete performance of my duties, and I am familiar with and pregistered agent as provided for in Chapter 605, F.S

(CONTINUED)

Page 1 of 2

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Andres Cabo	
Post Office Box 440913	
Miami, Florida 33144	
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Mars 11 001	
ne date of filing: March 14, 2016. (OPTIONAL	
t be specific and cannot be more than five business da	

**REQUIRED SIGNATURE:** 

Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Andres Cabo

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