# 116000/43380

, (1	Requestor's Name)	
(.	Address)	
(	Address)	
(	City/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
(	Business Entity Name	)
(	Document Number)	
Certified Copies	Certificates o	f Status
Special Instructions	to Filing Officer:	
6	<u> </u>	

Office Use Only

W14-46326



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# FLORIDA DEPARTMENT OF STATE Division of Corporations

July 1, 2016

BAROUCH CHAI 1835 E. HALLENDALE BEACH BLVD, SUITE 93 HALLANDALE, FL 33009

SUBJECT: MICROSCIENCE LEARNING 4 ALL USA, LLC

Ref. Number: W16000046326

We have received your document for MICROSCIENCE LEARNING 4 ALL USA, LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must be signed by an authorized person.

Please return the corrected original and one copy of 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) 245-6052.

Sylvia Gilbert Regulatory Specialist II New Filing Section

တ

Letter Number: 816A00013835

## **COVER LETTER**

TO: Registratio	n Section f Corporations			
SUBJECT: Micros	science Learning 4 All USA,	LLC		
50 <b>5</b> 0 <b>5</b> 00	(Name	of Resulting Florida	imited Company)	<del></del>
The enclosed Artic Business Entity" in	cles of Conversion, Artic nto a "Florida Limited L	cles of Organization	n, and fees are submitted to in accordance with s. 605.	convert an "Other 1045, F.S.
Please return all co	orrespondence concernin	g this matter to:		
Barouch Chai				
	(Contact Person)			
Microscience Learnin	g 4 All, Inc.			
	(Firm/Company)			
1835 E Hallendale Bo	each Blvd Suite 9349			
	(Address)			
Unilandale El 2200	, ,			
Hallendale, FL 3300				
D	(City, State and Zip Code)			
Barouchc@microscie				
E-mail Address: (1	to be used for future annual re	eport notifications)		
For further inform	ation concerning this ma	tter, please call:		
Randce Abramson		at ( <sup>954</sup>	(Daytime Telephone Number)	
(Name of Co	ontact Person)	(Area Code)	(Daytime Telephone Number)	- Paris
Enclosed is a chec	k for the following amou	unt:	. /	
\$150.00 Filing Fee (\$25 for Conversion & \$125 for Articles of Organization)	es \$155.00 Filing Fees and Certificate of Status	\$180,00 Filing and Certified Cop	Certified Copy, and Certificate of Status	
STREET ADDRI	ESS:	MAILI	IG ADDRESS:	
Registration Section			ion Section	
Division of Corpo			of Corporations	
Clifton Building	a	P. O. B		
2661 Executive C	enter ( 'ircle	Tallaha	see FI 32314	

INHS11 (06/15)

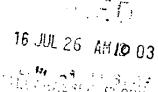
Tallahassee, FL 32301

#### **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.

(Ent	er 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 incorpor	ated under the laws of Florida
04/13/10 on	(Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or inc	orporation)
3. The name of the Florida Limited	Liability Company as set forth in the attached Articles of Organization:
Microscience Learning 4 All USA, LLC	
(Enter Name	of Florida Limited Liability Company)
(Enter Matthe	

Page 1 of 2

5. The plan of conversion has been approved in accordance with all applicable statutes.

Signed this day of	_20 <u>16</u>
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative:  Printed Name: Barouch Chai	Rongh (HD) Title: President
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature: RARC Let Printed Name: Barouch Chai	Title: President
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
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 Inc	corporator must sign.
If Florida General Partnership or Limited Liabilit	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
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

Microscience Learning 4 All USA, LLC		
(Must end with the words "Limite	d Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liab	bility Company is:
Principal Office Address:	Mailing Address:	
835 E Hallendale Beach Blvd Suite 9349 Hallendale, FL 33009	1835 E Hallendale Beach Blvd Suite Hallendale, FL 33009	e 9349
		Signature:
ARTICLE III - Registered Agent, Registered Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	stered Office, & Registered Agent's S	
ARTICLE III - Registered Agent, Regi The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.) The name and the Florida street address o	stered Office, & Registered Agent's S	ual of another
ARTICLE III - Registered Agent, Regi The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.) The name and the Florida street address o  Barouch Chai	stered Office, & Registered Agent's Son Registered Agent. You must designate an individual of the registered agent are:  Name  Blvd Suite 9349	ual of another
ARTICLE III - Registered Agent, Regi The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.) The name and the Florida street address o  Barouch Chai	stered Office, & Registered Agent's Son Registered Agent. You must designate an individual of the registered agent are:	ual of another 6 JUL 26 AH 19

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 605, F.S.

Registered Agent's Signature (REQUIRED)

Page 1 of 2

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Barouch Chai
	1835 E Hallendale Beach Blvd Suite 9349
	Hallendale, FL 33009
<del></del>	
(Use attachment if necessary)	e date of filing: July 1 2016 (OPTIONAL)
LE V: Effective date, if other than the frective date is listed, the date must days after the date of filing.)	e date of filing: July 1, 2016 (OPTIONAL) be specific and cannot be more than five business day the applicable statutory filing requirements, this date will not be list specords.
CLE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.) the date inserted in this block does not meet t's effective date on the Department of State	be specific and cannot be more than five business day the applicable statutory filing requirements, this date will not be list
CLE V: Effective date, if other than the frective date is listed, the date must days after the date of filing.) the date inserted in this block does not meet t's effective date on the Department of State. CLE VI: Other provisions, if any.	be specific and cannot be more than five business day the applicable statutory filing requirements, this date will not be list
ELE V: Effective date, if other than the frective date is listed, the date must days after the date of filing.) the date inserted in this block does not meet t's effective date on the Department of State.  ELE VI: Other provisions, if any.  REQUIRED SIGNATURE:	the applicable statutory filing requirements, this date will not be list's records.
LE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.) the date inserted in this block does not meet t's effective date on the Department of State.  ELE VI: Other provisions, if any.  REQUIRED SIGNATURE:	the applicable statutory filing requirements, this date will not be list's records.
ELE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.) the date inserted in this block does not meet t's effective date on the Department of State.  ELE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of the document is executed in a I am aware that any false inform	the applicable statutory filing requirements, this date will not be list's records.

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

Page 2 of 2

\$ 5.00 Certificate of Status (Optional)

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-