(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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189, 2848, 1122,671
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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 1, 2003

DENNIS NOBBE 8303 BIRD AVE MIAMI, FL 33155

SUBJECT: ASSURED SUCCESS Ref. Number: W03000009131

03 APR - 7 PM 3: 33

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

The name of a limited liability company must contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

The document must contain both the street address of the principal office and the mailing address of the entity.

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) 245-6097.

Letter Number: 103A00019487

Marsha Thomas Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee Florida 32314

CERTIFICATE OF CONVERSION

Pursuant to section 608.439, Florida Statutes, the following unincorporated business entity hereby submits the <u>attached articles of organization</u> and this certificate of conversion to convert to a Florida limited liability company:

FIRST: The name of the unincorporated business immediately prior to filing this document was:
ASSURED SUCCESS, LLC
SECOND: The date on which and the jurisdiction in which the unincorporated business was first created or otherwise came into being are: A. Date: B. Jurisdiction: Concept Concept
THIRD: The name of the limited liability company as set forth in the <u>attached</u> articles of organization is:
ASSURED SUCCESS, LLC
nadreel
Signature of a Member or 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.)
Typed or Printed Name of Signee

FILING FEES:

√\$100.00 Filing Fee for Articles of Organization

- \$ 25.00 Filing Fee for Registered Agent Designation
- \$ 25.00 Filing Fee for Certificate of Conversion
- \$ 30.00 Certified Copy (optional)
- \$ 5.00 Certificate of Status (optional)

(Note: Section 608.439, F.S., does not provide for a corporation to convert to a limited liability company.)



ARTICLE I - Name:

The name of the Limited Liability Company is:

Success Lities allach
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
DR. DENNIS NOBBE
8303 Bir Die See Attacked The
Florida street address (P.O. Box NOT acceptable)
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
(An additional article must be added if an effective date is requested)
Signature of a member or 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.)
DENNIS NOBBE
Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Name of Liability Company: Assured Success, LLC

Mailing Address: 7305 Vistalmar Street

Coral Gables, Fl 33143

Principal Address: 4528 SW 74th Avenue

Miami, Fl 33155



4/4/03 CNOBBO