

W04000043 796

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(Business Entity Name)

(Document Number)

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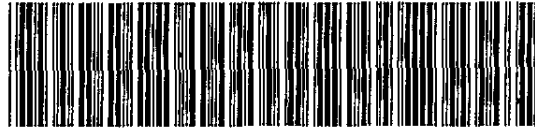
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W04-19502

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FLORIDA

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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: \_\_\_\_\_

CIMAN, L.L.C.

(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BRANKO M. BERONJA

(Name of Person)

CIMAN, L.L.C.

(Firm/Company)

1198 DIMOCK LANE

(Address)

NAPLES, FL. 34110

(City/State and Zip Code)

For further information concerning this matter, please call:

BRANKO M. BERONJA at (239) 597-8313

(Name of Person)

(Area Code & Daytime Telephone Number)

ALLAHASSEE, FLORIDA

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**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

May 20, 2004

BRANKO M. BERONJA  
1198 DIMOCK LANE  
NAPLES, FL 34110

SUBJECT: CIMAN, L.L.C.  
Ref. Number: W04000019502

We have received your document for CIMAN, L.L.C. and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

There is a balance due of \$25.00.

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.

Marsha Thomas  
Document Specialist

Letter Number: 504A00035236

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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## CERTIFICATE OF CONVERSION

Pursuant to section 608.439, Florida Statutes, the following unincorporated business entity hereby submits the attached articles of organization 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:

CIMAN, L.L.P.

SECOND: The date on which and the jurisdiction in which the unincorporated business was first created or otherwise came into being are:

- A. Date: 2/2/2004  
B. Jurisdiction: FLORIDA  
C. If different from the above noted jurisdiction, the jurisdiction immediately prior to its conversion: \_\_\_\_\_

THIRD: The name of the limited liability company as set forth in the attached articles of organization is:

CIMAN, L.L.C.

Branko M. Beronja  
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.)

BRANKO M. BERONJA  
Typed or Printed Name of Signee

SECTION 608.439, F.S.  
ALLAHASSEE, FLORIDA

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### 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.)

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CIMAN, L.L.C.

**ARTICLE II - Address:**

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

**Principal Office Address:**

1198 DIMOCK LANE  
NAPLES, FL.  
34110

**Mailing Address:**

1198 DIMOCK LANE  
NAPLES, FL.  
34110

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

NAPLES REALTY GROUP L.L.C.  
Name

840 111<sup>th</sup> AVE. NORTH  
Florida street address (P.O. Box **NOT** acceptable)

NAPLES, FLORIDA 34108  
City, State, and Zip

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TALLAHASSEE, FLORIDA

*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, Florida Statutes..*

 **MANAGING MEMBER**  
Registered Agent's Signature

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR. M.

BRANKO M. BERONJA  
1198 DIHOCK LANE  
NAPLES, FL. 34110

MGRM

JOSEPH B. KOHEN  
987 KIRKCREST LANE  
ATLANTA, GA. 30307

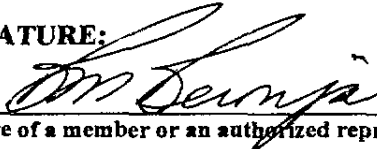
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**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

  
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.)

BRANKO M. BERONJA  
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)