

LO5000104974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

LO5-104974

(Document Number)

Certified Copies _____ Certificates of Status _____

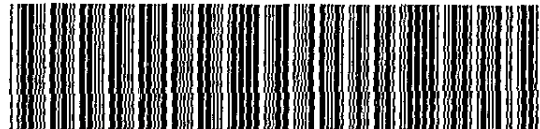
Special Instructions to Filing Officer:

10/24

FL LC

Office Use Only

mg#



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10/24/05--01031--021 **185.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 OCT 24 PM 3:41

FILED

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Division of Corporations;

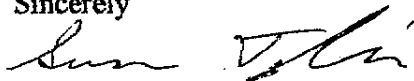
Enclosed are the following items:

Certificate of Conversion
Articles of Organization
Check for \$185.00

(\$160.00 for Articles of Organization including certificate
of status and Certified Copy + \$25.00 for Certificate of
Conversion)

If there are any questions regarding this filing, please contact me as indicated below.

Sincerely



Susan Torzewski
Mohave Land, LLC
Managing Member
5900 SW 39th Court
Davie FL 33314

954-610-3048 (cell)
954-584-3537

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mohave Land, LLC
(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:

Susan Torzewski
(Name of Person)

Mohave Land, LLC
(Firm/Company)

5900 SW 39th Court
(Address)

Davie FL 33314
(City/State and Zip Code)

For further information concerning this matter, please call:

Susan Torzewski at (954) 584-3537
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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:
Mohave Land Holding

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

- A. Date: November 1, 2004
- B. Jurisdiction: Broward County 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:

Mohave Land, LLC

Susan Torzewski
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.)

Susan Torzewski

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)

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SECRETARY OF STATE
ALLAHASSEE FLORIDA

(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:

Mohave Land, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

5900 SW 39th Court

Davie FL 33314

Mailing Address:

5900 SW 39th Court

Davie FL 33314

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

(The Limited Liability Company cannot 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:

Susan Torzewski

Name

5900 SW 39th Court

Florida street address (P.O. Box **NOT** acceptable)

Davie

FL 33314

City, State, and Zip

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SECRETARY OF STATE
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, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

MGRM

Susan Torzewski

5900 SW 39th Court

Davie Fl 33314

MGRM

Warren Torzewski

5900 SW 39th Court

Davie FL 33314

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Susan Torzewski

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)