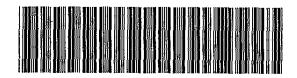
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(Cit	y/State/Zip/Phone	<i>∍#</i>)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 11, 2006

SAMUEL FINAMAN 1329 PAPPER RD JENKINTOWN, PA 19046

SUBJECT: FINAMAN INVESTMENT PARTNERS, LLC

Ref. Number: W06000001364

We have received your document for FINAMAN INVESTMENT PARTNERS, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must state the effective date of the conversion. The effective date cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date of the conversion under the laws governing the other business entity.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (231) (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 806A0000217

COVER LETTER

Division of Corporations	
SUBJECT: FINNMAN I (Name of Resulting)	NOUSTING TO ART NORS, LLC Florida Limited Company)
The enclosed Certificate of Conversion, Art convert an "Other Business Entity" into a "laccordance with s. 608.439, F.S.	ticles of Organization, and fees are submitted to Florida Limited Liability Company" in
Please return all correspondence concerning	g this matter to:
SAMUUL FING (Contact Person) FINGMAN INVEST (Firm/Company) (Address) TENKINTOWN (City, State and Zip Code)	MAN PART NURS, LIC. PA 14046
For further information concerning this mate SAMVA FWG MAN (Name of Contact Person) Enclosed is a check for the following amount \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) Status	(Area Code and Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

This Certificate of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

| Again | Center Name of Other Business Entity | Center Name of Other Bu

2. The "Other Business Entity" is a LIWITYO KART WAS HIP

(Enter entity type. Example: corporation, limited partnership, sole proprietorship,

general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of [Enter state, or if a non-U.S. entity, the name of the country)

on <u>S-1-1982</u>. (Enter date "Other Business Entity" was first organized, formed or incorporated)

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:

(Enter Name of Florida Limited Liability Company)

Page 1 of 2

126-063

5. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is
listed therein.)
14+
Signed this day of Jan 2006.
Signature of Authorized Person:
Printed Name: SAWWL FINANTE: PRUS

Fees:

Certificate of Conversion:

\$25.00

Fees for Florida Articles of Organization:

\$125.00

Certified Copy: Certificate of Status:

\$30.00 (Optional) \$5.00 (Optional)

Page 2 of 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
	detinges LLC
(Must end with the words "Limited Liability Company, "Limit "L.C.,")	ed Company" or their abbreviation "LLC," or
ARTICLE II - Address:	
The mailing address and street address of the pa	rincipal office of the Limited
Liability Company is:	
Principal Office Address:	Mailing Address:
329 Pages Ro	SAMA
Jankinown PA 19016	
ARTICLE III - Registered Agent, Registered	l Office, & Registered Agent's
Signature: (The Limited Liability Company cannot serve as its own Regis	tered Agent Voll must designate an
individual or another business entity with an active Florida registration.)	one of the second secon
	agistanad agant ana
The name and the Florida street address of the	`
SAMUAL F	1 NAM AN
GOO NE SPAN	DIGH KINER Blud 5-
Florida street address (P.O.	Box NOT acceptable)
BOUA KATON	FL 33431
City, State	e, and Zip
Having been named as registered agent and to	accept service of process for the
above stated limited liability company at the pla	ace designated in this certificate, I
hereby accept the appointment as registered capacity. I further agree to comply with the pr	
the proper and complete performance of my d	
accept the obligations of my position as regi	
Chapter 608, F.	ASSI IZE
Registered Agent's Signature	gnature (REQUIRED) FLORE 3:45
(CONTINUED)	
Page 1 of 2	,

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	3 Amuria Finhinga 1329 Paper Bo Jankintown PAIG
	· Tak
	(Use attachment if necessary)
ARTICLE V: Effective date, if other than the (OPTIONAL) (If an effective date is listed, the date must business days prior to or 90 days after the days	e specific and cannot be more than five
REQUIRED SIGNATURE:	
Signature of a member or an aut	horized representative of a member.
of this document constitutes an aff	08(3), Florida Statutes, the execution irmation under the penalties of perjury ted herein are true.)
Samuer Typed or print	FINGULAN ed name of signee PS
Filing Fees:	ed name of signee ALCRE AHETA
\$125.00 Filing Fee for Articles of of Registered Agent	
\$ 30.00 Certified Copy (Optional \$ 5.00 Certificate of Status (Optional	