L06000019932

(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:
PO5-84434

Office Use Only



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SECALIAN SIAIL
TALLAHASSEE, FLORID

COVER LETTER

TO:	: Registration Section Division of Corporations	
	.	Garalla Enternaistes I
SUBJ	BJECT:	FAMILIA ENTERPRISES, Lida Limited Company)
	(Name of Resulting Profit	ida Ellimed Company)
conve	enclosed Certificate of Conversion, Articles vert an "Other Business Entity" into a "Flori ordance with s. 608.439, F.S.	s of Organization, and fees are submitted to ida Limited Liability Company" in
Please	ase return all correspondence concerning this	s matter to:
	Ebenezea Perez (Contact Person) Ebenezea y Familia (Firm/Company)	
	(Contact Person)	
	Ebenezer V Familia	a Enterprises, Luc
	(Firm/Company)	
	2500 Hinsdale DR (Address)	
	(Address)	 .
	Kissimmee Fl Zur	74)
	(City, State and Zip Code)	
For fu	further information concerning this matter,	
	Ebenezer PEREZ at (Name of Contact Person)	(407) 905-9384
	(Name of Contact Person)	(Area Code and Daytime Telephone Number)
Enclos	losed is a check for the following amount:	
(\$25 fo & \$125		\$180.00 Filing Fees Certified Copy Certified Copy, and Certificate of Status
STRE	REET ADDRESS:	MAILING ADDRESS:
_	istration Section	Registration Section
	ision of Corporations	Division of Corporations
	ton Building	P. O. Box 6327
2661 I	l Executive Center Circle	Tallahassee, FL 32314

Tallahassee, FL 32301

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: EBENEZERY FAMILIA ENTERPRISES,
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a (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 Florida (Enter state, or if a non-U.S. entity, the name of the country)
(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)
(Enter Name of Florida Limited Liability Company)
Page 1 of 2

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SECRETAIN STATE
TALLAHASSEE FI OPINA

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.)
Signed this 17 day of February 20 06.
Signature of Authorized Person:
Printed Name: Ebenezer Perez Title: President

Fees:

Certificate 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

ARTICLE I - Name:

there ser 1	mited Liability Compa アートー・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	Pea Da Ses, LLC "Limited Company" or their abbrevia	ution "LLC," or
ARTICLE II - Ad The mailing address Liability Company	ss and street address of	the principal office of the Li	imited
Principal Office A	Address:	Mailing Address:	
16:551mme	6 DR FL 34741	SAME	
Signature: (The Limited Liability C individual or another business entity with an	ompany cannot serve as its ow active Florida registration.)	istered Office, & Registered in Registered Agent. You must designate the registered agent are:	, 6
	Ebenezer	_	SEE, FLOOR
	2500 Him	Name	_ 台市 =
		(P.O. Box <u>NOT</u> acceptable)	
	Kissi monce City	FL 34741 v, State, and Zip	
	ned as registered agent	and to accept service of proc	

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) Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Prosident	Ebenezer Perang 2500 Hinsday De
Vice-Gresidal	Miriam Pores Calle 7 I-9 ESTANGES DEC
<u>```</u> € €	Bayanon, P.R. 00957 Emilia V. Peren 2823 Maguire Dr
	Kissimmer, FL 34741
	(Use attachment if necessary)
TIONAL)	n the date of filing:
TIONAL) an effective date is listed, the date m	n the date of filing: nust be specific and cannot be more than five
TIONAL) an effective date is listed, the date m	n the date of filing: nust be specific and cannot be more than five
TIONAL) an effective date is listed, the date m iness days prior to or 90 days after the REQUIRED SIGNATURE:	n the date of filing: nust be specific and cannot be more than five
REQUIRED SIGNATURE: Signature of a member or an of this document constitutes at	n the date of filing: nust be specific and cannot be more than five he date of filing.)

Page 2 of 2

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

\$125.00 Filing Fee for Articles of Organization and Designation