

206000034434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

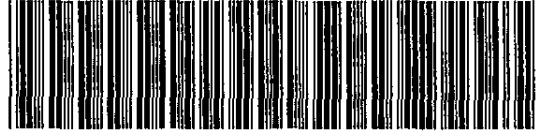
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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MARIA GAVE  
AUTHORIZATION BY PHONE TO  
MGRM + MGR DESIGNATION  
CORRECT & EFFECTIVE DATE  
DATE 4/3/06  
DOC. EXAM 14



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02/01/06--01008--014 \*\*180.00

FILED  
2006 MAR 30 PM 3:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05/18/06 11:13:09

W06-15254

Charter Number Only

3/29 Marcia Lamb

Downs Brull Whitehead & Sage

Requestor's Name

55 Miracle Mile # 200

Address

Coral Gables, FL 33134

City

State

ZIP

Phone

(305) 444-8226 A

VALIDATION ONLY

FILED  
2006 MAR 30 PM 3:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION(S) NAME

ALLVIEW SMART TECHNOLOGY, LLC

☐ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☒ Other ~~Conversion~~

☐ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☒ Certified Copy of Articles

☐ Photo Copies

☐ Certificate Under Seal

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

Name

Availability

Document

Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier

  
Empire Toll Free: 1-800-432-3028

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ALLVIEW SMART TECHNOLOGY, LLC  
(Name of Resulting Florida Limited Company)

The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.

Please return all correspondence concerning this matter to:

Craig Downs

(Contact Person)

Downs Brill Whitehead & Sage

(Firm/Company)

55 Miracle Mile, Suite 200

(Address)

Coral Gables, FL 33134

(City, State and Zip Code)

For further information concerning this matter, please call:

Craig Downs

(Name of Contact Person)

at ( 305 ) 444-8226

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$150.00 Filing Fees  
(\$25 for Conversion  
& \$125 for Articles  
of Organization)

☐ \$155.00 Filing Fees  
and Certificate of  
Status

☒ \$180.00 Filing Fees  
and Certified Copy

☐ \$185.00 Filing Fees,  
Certified Copy, and  
Certificate of Status

**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

**FILED**  
2006 MAR 30 PM 3:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 30, 2006

EMPIRE

SUBJECT: ALLVIEW SMART TECHNOLOGY, LLC  
Ref. Number: W06000015254

FILED  
2006 MAR 30 PM 3:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for ALLVIEW SMART TECHNOLOGY, LLC and your check(s) totaling \$180.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date of the conversion 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 listed in the Florida Articles of Organization, if any.

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) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 406A00021650

RECEIVED  
06 APR - 3 AM 10:34  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**Certificate of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Limited Liability Company**

**FILED**  
2006 MAR 30 PM 3:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

**ALLVIEW SMART TECHNOLOGY, INC**

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a **CORPORATION**.  
(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)

on **MARCH 8, 2006**.  
(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**:

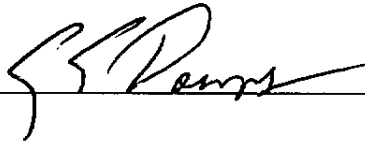
**ALLVIEW SMART TECHNOLOGY, LLC**

(Enter Name of Florida Limited Liability Company)

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 28TH day of March 2006.

Signature of Authorized Person: \_\_\_\_\_



Printed Name: Craig T. Downs Title: President

**Fees:**

Certificate of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

**ALLVIEW SMART TECHNOLOGY, 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:

55 Miracle Mile, Suite 200  
Coral Gables, FL 33134

#### Mailing Address:

55 Miracle Mile, Suite 200  
Coral Gables, FL 33134

### 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:

Craig T. Downs

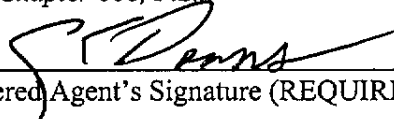
55 Miracle Mile, Suite 200

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

Coral Gables, FL 33134

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 (REQUIRED)

(CONTINUED)

Page 1 of 2

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2006 MAR 30 PM 3:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:**

DP MGR

Craig T. Downs

55 Miracle Mile, Suite 200

Coral Gables, FL 33134

ST MGRM

Robert A. Wild

2801 Ponce De Leon Blvd., Suite 400

Coral Gables, FL 33134

(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.)

Craig T. Downs

\_\_\_\_\_  
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)**