(060000) 39460

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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39460 W X



April 5, 2006

ALDO IBARRA 11857 METRO PKWY #2 FT. MYERS, FL 33912

SUBJECT: JMHAEI, LLC Ref. Number: W06000013593

We have received your document for JMHAEI, LLC and your check(s) totaling \$150.00. 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.

Your document was received in our office on March 16, 2006.

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.

Letter Number: 606A00023058

Tammi Cline Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314



March 21, 2006

ALDO IBARRA 11857 METRO PKWY #2 FT. MYERS, FL 33912

SUBJECT: JMHAEI, LLC Ref. Number: W06000013593

We have received your document for JMHAEI, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Letter Number: 106A00019237

Tammi Cline Document Specialist

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section Division of Corpora			
SUBJECT: 5	MHAEI,	LLC.	
	(Name of Limite	d Liability Company)	
The enclosed Articles of Org	ganization and fee(s) are so	ubmitted for filing.	
Please return ail corresponde	ence concerning this matte	τ to the following:	
Au	SO IBARRE	Name of Person)	
フ M	NHAEI "	Name of Person)	
		Firm/Company)	
118.	57 METRO	PKWY . # 2 (Address)	
		(Address)	
<u> </u>	MYERS F	State and Zip Code)	
	(City,	(State and Zip Code)	
For further information conc	erning this matter, please	call:	
			252/2
OEFF HAT	HAWAY	at (239) 936 (Area Code & Daytime Te	lephone Number)
Enclosed is a check for the	following amount:		
\$125.00 Filing Fee Ce	130.00 Filing Fee & ertificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Re Di P.	egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	is .

COVERLETTER

C 1 ...

TO: Registration Section Division of Corporations
SUBJECT: SUBJECT: (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:
ALDO IBARRA
(Contact Person) TMHAET
(Firm/Company) 11857 (NETRO PKWY
(City, State and Zip Code) For further information concerning this matter, please call:
JEFF HATHAWAY at (239) 936.2526
(Name of Contact Person) (Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount: \$\Bigsup_{\text{\$150.00 Filing Fees}} \Bigsup_{\text{\$155.00 Filing Fees}} \Bigsup_{\text{\$180.00 Filing Fees}} \Bigsup_{\text{\$185.00 Filing Fees}} \Bigsup_{\text{\$185.00 Filing Fees}} \Bigsup_{\text{\$185.00 Filing Fees}} \Bigsup_{\text{\$185.00 Filing Fees}} \Bigsup_{\text{\$125 for Conversion}} \Bigsup_{\text{\$25 for Articles}} \Bigsup_{\text{\$25 tatus}} \Bigsup_{\text{\$25 carriage}} \Bigsup_{\text{\$25 for Articles}} \Bigsup_{\text{\$25 tatus}} \Bigsup_{\text{\$25 carriage}} \Bigsup_{\text{\$25 carriage}}} \Bigsup_{\text{\$25 carriage}} \Bigsup_{\text{\$25 carriage}} \Bigsup_{\text{\$25 carriage}} \Bigsup_{\text{\$25 carriage}}} \Bigsup_{\text{\$25 carriage}} \Bigsup_{\text{\$25 carriage}} \Bigsup_{\text{\$25 carriage}} \Bigsup_{\text{\$25 carriage}}} \Bigsup_{\text{\$25 carriage}} \Bigsup_{\text{\$25 carriage}}} \Bigsup_{\$
STREET ADDRESS: Registration Section Division of Corporations Clifton Building Clifton 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 <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.

 The name of the "Other Bu 	siness Entity" immedia	tely prior to the f	iling of this
Certificate of Conversion is:	I 3AHMT	INC.	iling of this 104-124
(Enter Name of Other Business Entity)			_
2. The "Other Business Entity (Enter entity type. Exampl	e: corporation, limite	-	
general partn	ership, common law o	r business trust,	etc.)
first organized, formed or inco (Enter state. or	rporated under the laws if a non-U.S. entity, th	of FLOR	CIDA Ountry)
on 1/23/06 (Enter date "Other Busine	ss Entity" was first or	ganized, formed	or incorporated)
3. If the jurisdiction of the "O under the laws of which it is no			state or country
АЧ			
4. The name of the Florida Lin Articles of Organization:	mited Liability Compan	y as set forth in t	he attached
MC	HAEILL	C.	<u>:</u> .
	e of Florida Limited I		ny)
			•

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 27 day of MARCH 20 06.		
Signature of Authorized Person: Signature of Authorized Person: Title: President		

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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	: :
Must end with the words "Limited Liability Company, "Limited Liability Company," Limited Liability Company, "Limited Liability Company, "Liability Company, "Liability Company, "Liability Company, "Liability Company, "Liability	ited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the p	orincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
11857 METRO PKWY #2 FT. MYERS, FL. 33912	
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	
The name and the Florida street address of the	registered agent are:
AUDO TBA	IRRA
	IGE RIVER LP.
	idress (P.O. Box NOT acceptable)
FT. (WERS	FL 33905 and Zip
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of alwerformance of my duties, and I am familiar with and isstered agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager of Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM OCJA IBARRA (Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 3.16.06 (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.)

JBARRA

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)