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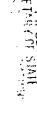
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
, , , , ,
☐ PICK-UP ☐ WAIT ☐ MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·
JUDU-19778

Office Use Only



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04/20/06--01000-023 **160.00





April 27, 2006

NIDIA E. REPINSKI 10201 N.W. 33RD STREET SUNRISE, FL 33351

SUBJECT: FLORIDA BUSINESS INCORPORATORS LLC

Ref. Number: W06000019778

We have received your document for FLORIDA BUSINESS INCORPORATORS 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 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.

The effective date cannot be prior to 4/25/06, the date recieved by this office.,

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) 245-6984.

Deborah Bruce **Document Specialist** Letter Number: 806A00029279

COVER LETTER

SUBJECT: FLORTDA BUSTNESS TNCORPORATORS 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.	0	
Please return all correspondence concerning this matter to:		
NJDJA E. REPINSKI (Contact Person) FLORPDA BUSINESS FUCORPARATORS (Firm/Company)		
(Contact Person)		
FLORPOA BUSINESS FUCORPORATORS	~	<u> =</u>
(Firm/Company)	2006	38
10201 N.W. 33 RD STREET	APR	1.1.1 C85
(Address)	3 28	77.
(Address) SUNRISE FLA. 33351 (City, State and Zip Code))
(City, State and Zip Code)	1 49	· (52)
	կ։ 39	1
For further information concerning this matter, please call:	39	*
NDOIA E. REPUNSKE at (305) 215 4439 (Name of Contact Person) (Area Code and Daytime Telephone Number)		•
(Name of Contact Person) (Area Code and Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$150.00 Filing Fees \$\$155.00 Filing Fees \$\$180.00 Filing Fees \$\$185.00 Filing Fees,		
\$\begin{array}{ c c c c c c c c c c c c c c c c c c c		

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: FLORDAA BUSINESS INCORPORATORS, D	NC.	
(Enter Name of Other Business Entity) POYODCIO	1901	8
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 FLORDPA (Enter state, or if a non-U.S. entity, the name of the country)	6 3	ري دع
on October 2 1, 2004 (Enter date "Other Business Entity" was first organized, formed or incorporated)	2006 APR 28	SECRET!
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:		J. A. G.
NA	PH 4: 39	1. 1122 S
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:	9	F 1
FLORIDA BUSINESS INCORPORATORS LLC		
(Enter Name of Florida Limited Liability Company)		

Page 1 of 2

docum effectiv	ffective date: 1) cannot be prior to nor mo ent is filed by the Florida Department of S we date listed in the attached Articles of O therein.)	State; AND 2) must be the same as the	>	
Signed	this 20th day of APRIL	20_06		
Signatu	are of Authorized Person: <u>Judis</u>	Topushi		
	Name: NIDA E. REPINSKI Title:	PRESIDENT		
	•		201	9V.
Fees:	*	•	2006 APR 2	J. C. C. F. C. S.
	Certificate of Conversion:	\$25.00	28	-7: <u>></u>
	Fees for Florida Articles of Organization:	\$125.00		

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

5. If not effective on the date of filing, enter the effective date:_

Certified Copy: Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FLOR TOA BUSINESS DU CORPORATORS LLC

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

ARTICLE II - Address:

Principal Office Address:

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

Mailing Address:

1011	O WEST OAKUND PORK BLVD. SAME		
FT.	LAUDERDALE, FLA. 33351 - 6808	-	
	ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatu (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or and business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:	ure: 2006 APR 28	SECRETARY DIVISION S. 1.
	Name 10201 N.W. 33 BD 3 KCET Florida street address (P.O. Box NOT acceptable)	PM 4: 39	AIVES 40
	SUPRISE FL 3335 / 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

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MOR (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 offert the T business days prior to or 90 days after the date of filing.) 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.) Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ARTICLE IV- Manager(s) or Managing Member(s):

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