# L06000044856

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

Office Use Only



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DIVISION OF CUMPORATION

OCO STATE OF SECRETARY SEC

### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: SAMS TUR 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:
Elaheh - Parvin (Contact Person)
(Confact Person)
(Firm/Company)
8550 Charrington Forest Blvd  Tallahassee FL 32312
Tallahassee Fl 32312 (City, State and Zip Code)
For further information concerning this matter, please call:
Elaheh-Parvin at (850) 264-3077 (850) 284-889 (Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount:
\$\sum_{\text{\$150.00 Filing Fees}}\$\$155.00 Filing Fees \$\sum_{\text{\$185.00 Filing Fees}}\$\$185.00 Filing Fees, \$\$185.00 Filing Fees, \$\$185.00 Filing Fees, \$\$125 for Articles \$\$125 for Articles \$\$125 for Articles \$\$185.00 Filing Fees, \$\$185.00
STREET ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations  Clifton Building  Division of Corporations  P. O. Box 6327
2661 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: SAMS TWR INC POS-52260
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>Corporation</u> (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
on 03/03/2005 (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:
SAMS TUR LLC
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

5. If not effective on the date of filing, enter the effective date: 05/01/06

(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 May day of

Signature of Authorized Person: \_\_\_\_ Printed Name: Elaheh Parvin Title: Member

## Fees:

Certificate of Conversion: \$25.00 Fees for Florida Articles of Organization: \$125.00

\$30.00 (Optional) Certified Copy:

Certificate of Status: \$5.00 (Optional)

Page 2 of 2



TICLES OF ORGANIZATION FOR FLORIDA L	IMITED LIABILITY COMPAN
ARTICLE I - Name:	
The name of the Limited Liability Company is:	
SAMS TWR LLC	
(Must end with the words "Limited Liability Company, "Limited C	ompany" or their abbreviation "LLC," or
"L.C.,")	
ARTICLE II - Address:	
The mailing address and street address of the princ	cipal office of the Limited
Liability Company is:	
Principal Office Address:	Mailing Address:
	<u></u>
8550-Charring Ion Forest BIVE	
Tallahasse FI 32312	
ARTICLE III - Registered Agent, Registered O	office. & Registered Agent's
Signature:	river, as received on traces of
(The Limited Liability Company cannot serve as its own Registered	d Agent. You must designate an
individual or another business entity with an active Florida registration.)	
The name and the Florida street address of the reg	istered agent are:
Elabel Parvi	n E =
Name	
8550 Charring	
Florida street address (P.O. Bo	ox NOT acceptable)
T111 - 2700	0.0310 ""
<u>Tallahassee</u> I City, State, a	
City, State, a	and Silv
Having been named as registered agent and to a	scept service of process for the
above stated limited liability company at the place	e designated in this certificate, I
hereby accept the appointment as registered a	•
capacity. I further agree to comply with the prov	
the proper and complete performance of my duti	
accept the obligations of my position as registe Chapter 608, F.S	
Crupter 600, 1 .b.	
M	
Registered Agent's Signi	ature (REQUIRED)
(CONTINUED)	
Page 1 of 2	effetherne
	CPPPRING INTO

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Elaheh Parvin
	8550 Charring on Forest BIV
<del></del>	Tellahassee FL 32312
	(XX
ARTICLE V: Effective date, if other tha	(Use attachment if necessary) on the date of filing: $May/o/o6$
(01110111111)	on the date of filing: $May/o/o6$
(If an effective date is listed, the date n business days prior to or 90 days after t	nust be specific and cannot be more than five the date of filing.)
(If an effective date is listed, the date n	nust be specific and cannot be more than five the date of filing.)
(If an effective date is listed, the date no business days prior to or 90 days after to REQUIRED SIGNATURE:	nust be specific and cannot be more than five the date of filing.)
(If an effective date is listed, the date me business days prior to or 90 days after to REQUIRED SIGNATURE:  Signature of a member or a line of this document constitutes a start the factorial and the factorial	nust be specific and cannot be more than five the date of filing.)  n authorized representative of a member.  608.408(3), Florida Statutes, the execution an affirmation under the penalties of periods.
(If an effective date is listed, the date median business days prior to or 90 days after to reconstruct a recordance with section of this document constitutes a	nust be specific and cannot be more than five the date of filing.)  n authorized representative of a member.  608.408(3), Florida Statutes, the execution an affirmation under the penalties of periods.

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