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(Business Entity Name)

(Document Number)

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06 APR 28 24 00 00  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04/28/06--01008--025 \*\*150.00

meal  
West Corp.  
meal  
Fla. corp  
into  
Fla LLC

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Jamalbri, 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:

Bernice Knight

(Contact Person)

(Firm/Company)

1584 S.W. 159th Lane

(Address)

Pembroke Pines, FL 33027

(City, State and Zip Code)

For further information concerning this matter, please call:

Bernice Knight

(Name of Contact Person)

at ( 305 ) 937-0300

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input checked="" type="checkbox"/> \$150.00 Filing Fees<br>(\$25 for Conversion<br>& \$125 for Articles<br>of Organization) | <input type="checkbox"/> \$155.00 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$180.00 Filing Fees<br>and Certified Copy | <input type="checkbox"/> \$185.00 Filing Fees,<br>Certified Copy, and<br>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

MAY.08.2006 16:43

#1300 P.001 /003

**ROSENTHAL ROSENTHAL RASCO, LLC**

Turnberry Plaza, Suite 500  
2875 N.E. 191 Street  
Aventura, FL 33180  
Telephone: (305) 937-0300  
Facsimile (305) 937-1311

**FACSIMILE TRANSMISSION**

DATE: May 8, 2006  
TO: Division of Corporation  
Attn: **BRENDA**  
SENDER: Bernice  
FAX NUMBER: (850) 245-~~6911~~ 6030  
NUMBER OF PAGES: 3  
RE: Jamaalbri, LLC

Per your request, attached is the Article of Organization. Should you need any additional information, please contact me at (305) 937-0300.

Thank you.

*The recipient named above, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, or the employ or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this facsimile transmission is strictly prohibited. If you have received this facsimile transmission in error, please notify **BERNICE** immediately by telephone at (305) 937-0300, and return the original facsimile transmission to us at the above address via united states postal service. Thank you.*

RECEIVED  
06 MAY -9 AM 8:56  
DIVISION OF CORPORATION

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

06 APR 28 AM 5:22

STATE OF FLORIDA  
DIVISION OF CORPORATIONS

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:

Jamalbri Investments, Inc.

PO4-155277

(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 11/15/04

(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:

n/a

4. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

Jamalbri, 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 24th day of April 20 06.

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



Printed Name: Bernice Knight Title: V.P.

**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:

Jamalbri, 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:

1584 S.W. 159th Lane  
Pembroke Pines, FL 33027

#### Mailing Address:

1584 S.W. 159th Lane  
Pembroke Pines, FL 33027

06 APR 28 AM 9:22

STATE OF FLORIDA  
DIVISION OF CORPORATIONS

### 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:

Bernice Knight

1584 S.W. 159th Lane

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

Pembroke Pines, 33027

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

**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:**MGRMBernice Knight1584 S.W. 159th LanePembroke Pines, FL 33027MGRMFrederick Knight1584 S.W. 159th LanePembroke Pines, FL 33027

(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.)

Bernice Knight

Typed or printed name of signer

**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)**