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SECRITARY OF STATE
TALLAH ASSEE, FINITED IN (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:

Office Use Only

900073892829

COVER LETTER

TO: Registration Section Division of Corporations 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: MAG-DALINE CLEOPHAT
(Contact Person)

MCF MANAGEMENT, LLC
(Firm/Company) 237 NE 160 STOKET

(Address)

MI AM/ FL 33/62

(City, State and Zip Code) For further information concerning this matter; please call: MAGDALINE CLEOPHAT at (786) 276 8799
(Name of Contact Person) (Area Code and Daytime Telephone Number) Enclosed is a check for the following amount:

\$155.00 Filing Fees \$180.00 Filing Fees

and Certified Copy

and Certificate of

Status

STREET ADDRESS:

\$150.00 Filing Fees (\$25 for Conversion

& \$125 for Articles

of Organization)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

\$185.00 Filing Fees,

Certified Copy, and

Certificate of Status

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

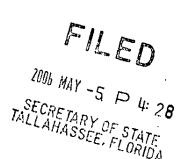
Certificate of Conversion

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.

1. The name of the "Other Business Entity" imr	nediately prior to the filing of this
Certificate of Conversion is:	
MCF MA	NAGEMENT, INC.
(Enter Name of Other	r Business Entity)
2. The "Other Business Entity" is a	CORPORATION
(Enter entity type. Example: corporation, l general partnership, common	imited partnership, sole proprietorship
first organized, formed or incorporated under the	claws of FLORIDA
(Enter state, or if a non-U.S. enti	ty, the name of the country)
on 5/21/2004.	
on 5/21/2004. (Enter date "Other Business Entity" was fin	rst organized, formed or incorporated)
3. If the jurisdiction of the "Other Business Entiunder the laws of which it is now organized, for	
N/A	
1	
4. The name of the Florida Limited Liability Co Articles of Organization:	impany as set forth in the attached
MCF MANAGE (Enter Name of Florida Lim	MENT LLC
(Enter Name of Florida Lim	ited Liability Company)

FILED

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 P 4: 28 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: E, FLORIDA listed therein.)
Signed this 20 day of Alnıl 2006
Signature of Authorized Person: Wholelel Wife of
Printed Name: MAGNAINE CIEDRANT Title: Pacs.

Fees:

Certificate of Conversion:

\$25.00

Fees for Florida Articles of Organization:
Certified Copy:
Certificate of Status:

\$125.00

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY CO

ARTICLE I - Name:

The name of the Limited Liability Company is:

MCF MANAGE MENT, LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

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:

MAGDALINE CLEOPHAT

Name

237 NE 160 ST

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

MI AMI FL 371/62
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.

(CONTINUED) Page 1 of 2

"MGR" = Manager "MGRM" = Managing Member	Managing Member(s): Manager or Managing Member is as follows: Name and Address: SECRETARY TALLAHASSE
MGRY	MAGDALNE CLEOP
	237 NE 160 9
	MIAMI, El 33
	(Use attachment if necessary)
LEV: Effective date, if other th	
NAL) ffective date is listed, the date	an the date of filing: $\frac{4/20/2006}{}$. must be specific and cannot be more than five
NAL) ffective date is listed, the date s days prior to or 90 days after	an the date of filing: $\frac{4/20/2006}{}$. must be specific and cannot be more than five
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NAL) ffective date is listed, the date is days prior to or 90 days after REQUIRED SIGNATURE:	an the date of filing: $\frac{4/20/2006}{}$. must be specific and cannot be more than five
NAL) ffective date is listed, the date is days prior to or 90 days after REQUIRED SIGNATURE: lignature of a member of this document constitutes	an the date of filing: $\frac{4/20/2006}{2006}$. must be specific and cannot be more than five the date of filing.)

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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)