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





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08/22/06--01044--006 **155.00

SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

Registration Section

Division of Corporations
SUBJECT: THE OM CENTER LLC (Name of Resulting Florida Limited Company)
(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:
OFER MIZRAHI
Contact Person) The OM Center (Firm/Company)
12555 Biscagne Blvd # 782 (Address) Miami FL 33/8/ (City, State and Zip Code)
Miami FL 33181
(City, State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (305) 757 - 6000 (Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount:
\$\sum_{\sum_{\text{S150.00 Filing Fees}}}\$\sum_{\text{S155.00 Filing Fees}}\$\sum_{\text{S180.00 Filing Fees}}\$\sum_{\text{S180.00 Filing Fees}}\$\sum_{\text{S185.00 Filing Fees}}\$\sum_{\text{S185.00 Filing Fees}}\$\sum_{\text{S185.00 Filing Fees}}\$\sum_{\text{S185.00 Filing Fees}}\$\sum_{\text{S185.00 Filing Fees}}\$\sum_{\text{S185.00 Filing Fees}}\$\sum_{\text{Certified Copy}}\$\text{and Certified Copy}\$\text{and Certified Copy}\$\text{and Certified Copy}\$\text{and Certified Copy}\$\text{S185.00 Filing Fees}\$\text{Certified Copy}\$\text{S185.00 Filing Fees}\$\text{Certified Copy}\$\text{Certified Copy}\$\text{S185.00 Filing Fees}\$\text{Certified Copy}\$\text{Certified Copy}\$\text
STREET ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations Division of Corporations
Clifton Building P. O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32314
Tallahassee, FL 32301

06 AUG 2

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: THE OM CENTER INC PO6 - 93030
(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 7-11-06 (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:
The ory Center LLC
(Enter Name of Florida Limited Liability Company)

Page 1 of 2

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 17th day of August 2006.
Signature of Authorized Person:
Printed Name: <u>OFER MIZRAHI</u> Title: <u>MANAGER</u>

Fees:

Certificate of Conversion: \$25.00 \$125.00

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The on	1 Center	HC
(Must end with the words "L"L.C.,")	imited Liability Company, "Lin	mited Company" or their abbreviation "LLC," or
ARTICLE 11 - Addr	• · · · · ·	
		e principal office of the Limited
Liability Company is	;	
	_	

Principal Office Address:	Mailing Address:
244 NW 35 ST	12555 Biscagne Blod
miam Fc 33/37	Suite 783
	Miami FL 33/81

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.)

ARTICLE I - Name:

The name of the Limited Liability Company is:

The name and the Florida street address of the registered agent are:

John Vargas

Name Road #272

Florida street address (P.O. Box NOT acceptable) Miami Beach FL 33/39
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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	OFER MIZRAHI 12555 BISCAYNE BIND # 782 Miami FL 33181
	Miami - FL 33/81
	(Use attachment if necessary)
ARTICLE V: Effective date, if other than the d (OPTIONAL) (If an effective date is listed, the date must be business days prior to or 90 days after the date REQUIRED SIGNATURE:	e specific and cannot be more than five
Signature of a member or an auth	orized representative of a member.
of this document constitutes an affir	8(3), Florida Statutes, the execution mation under the penalties of perjury ed herein are true.)
OFER MIZI	RAHI d name of signee
Typed or printe	d name of signee
Filing Fees:	·
\$125.00 Filing Fee for Articles of C	Organization and Designation

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