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(Re	equestor's Name)	
(Ad	dress)	<u></u>
(Ad	dress)	<u>-</u>
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	ocument Number)	
Certified Coples	Certificates	of Status
Special Instructions to	Filing Officer:	



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08/30/06-01032--022 **150.00____

SECRETARY OF STATE AS DIVISION OF CORPORATIONS

Office Use Only

J. REYAN AUG 3:1 2006

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: UP 2	PAD ILC
	esulting Florida Limited Company)
	on, Articles of Organization, and fees are submitted to nto a "Florida Limited Liability Company" in
Please return all correspondence con-	cerning this matter to:
Wissiam Da (Contact Person)	WIGER DE WISHER
(Firm/Company 5280 NorTh (Address) Sinter Is (City, State and Zip)	LAND F-C 33404 5
For further information concerning th	his matter, please call:
William Doni GER (Name of Contact Person)	at (56) S12-845 (Area Code and Daytime Telephone Number)
Enclosed is a check for the following	gamount:
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	
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 <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" immediately prior to the filing of this
Certificate of Conversion is: B. M. DOW MANDGEMENT CORP. # P970000676
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>Car Poration</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 Florida (Enter state, or if a non-U.S. entity, the name of the country)
on 08 05 1997 (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:
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
UP 2 PAR, LLC (Enter Name of Florida Limited Liability Company)
(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 25 day of August 2006.
Signature of Authorized Person: Dolor Doniger Printed Name: DE Part DNIGHT Title: Presipent 98 99 99 99 99 99 99 99 99 99 99 99 99 9
Fees: Certificate of Conversion: \$25.00

\$125.00

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

Page 2 of 2

Fees for Florida Articles of Organization:

Certified Copy: Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," "L.C.,")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
2725 KINSINGTON CIRCLE C/O DONIFER WESTON, FL. 33332 STONONTH OLEON SINGEN ISLAND, F
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:
DEBORAH DONIGER
Name 2725 KINSINGTON CINCLE Florida street address (P.O. Box NOT acceptable)
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, 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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	DEBORAL DONIGEN 2725 HUNSINGTON CIR VESTON FL 33332
	06 AUG
•	
	(Use attachment if necessary) e date of filing:
NAL) effective date is listed, the date must	t be specific and cannot be more than five
ONAL) Offective date is listed, the date must is days prior to or 90 days after the continued SIGNATURE: Debook Do	the date of filing: the specific and cannot be more than five date of filing.)
onal) Iffective date is listed, the date must a days prior to or 90 days after the constitute. Signature of a member or an autofit of this document constitutes an a different accordance with section 608 of this document constitutes an a	t be specific and cannot be more than five
REQUIRED SIGNATURE: Deback Do Signature of a member or an au (In accordance with section 608 of this document constitutes an a that the facts s	t be specific and cannot be more than five late of filing.) Little Late of filing.) Little Late of filing.) Little Late of filing. Little Late of filing.
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