## L060000 88834

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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### FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302

1333 N. DUVAL STREET, TALLAHASSEE, FL 32303

Sold Time

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

09-11-06

NAME:

JAFFE FAMILY INVESTMENTS, LLC

TYPE OF FILING: CONVERSION

COST:

\$150 + \$30 + \$5 = 185

RETURN: GOOD STANDING AND CERT. COPY

ACCOUNT: FCA000000015

**AUTHORIZATION:** 

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

ACCURATE TO THE PARTY OF THE PA

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: Jaffe Family Investments, LLC m06000002733 (Enter Name of Other Business Entity) 2. The "Other Business Entity" is a limited liability company (Enter entity type, Example: corporation, limited partnership, sale proprietorship, general partnership, common law or business trust, etc.) first organized, formed or incorporated under the laws of California (Enter state, or if a non-U.S. entity, the name of the country) on 12/28/2000 (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:

Page 1 of 2

(Enter Name of Florida Limited Liability Company)

Jaffe Family Investments, LLC

5. If not effective on the date of filing, enter the e (The effective date: 1) cannot be prior to nor u document is filed by the Florida Department of effective date listed in the attached Articles of (listed therein.)	nore than 90 days after the di State; <u>AND</u> 2) must be the s	ate this ame as the	
Signed this 31 day of August	20_06	÷.,	w
Signature of Authorized Person:	t m J-B	<del></del>	
Printed Name: Robert M. Jatto Title	e: Manager		N. T. Americania. Marie 11.
Fees:		•	
Certificate of Conversion; Fees for Florida Articles of Organization; Certified Copy; Certificate of Status;	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)		· · · · · · · · · · · · · · · · · · ·

Page 2 of 2

# MPANY PARTY OF THE PARTY OF THE

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Jaffe Family Investments, 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:	Mailing Address:
4370 La Jolla Village Drive, Suite 1040	4370 La Jolla Village Drive, Sinte 1040
San Diego, CA 92122	San Diego, CA 92122

### 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 Florids registration.)

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

Robert M. Jaffe	
Name 703 Eastlawn Drive	_
Florida street address (P.O. Box <u>NOT</u> acceptable)	
Celebration, FL 34747 FL	
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 uppointment 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 um familiar with and accept the obligations of my position as registered agent as provided for in

y. Rest in All

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 MGR Robert M. Jaffee 4370 La Jolle Village Drive, Suite 1040 San Diego, CA 92122 (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

REQUIRED SIGNATURE:

business days prior to or 90 days after the date of filing.)

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.)

Robert M. Jaffe, Manager

Typed or printed name of signee

### Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)