

LOG 000094688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

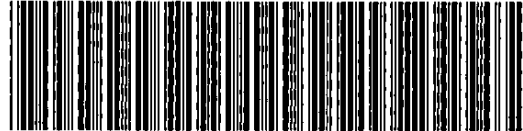
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/18/06--01013--015 **180.00

FILED
RECEIVED
06 SEP 27 PM 3:14
2006 SEP 18 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
NOT RETURNED
TO AGENCY OF FILING
SUFFICIENCY OF FILING

Charter Number Only

9115106 Silvia

Sanford N. Reinhard, Esq

Requestor's Name

2875 N.E. 11 St. #404

Address

North Miami Beach FL 33180

City

State

Zip

Phone

(305) 932-7555A

VALIDATION ONLY

FILED
06 SEP 27 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION(S) NAME

Home America, INC. LLC

() Profit

() NonProfit

() Amendment

() Merger

() Foreign

() Dissolution

() Mark

() Limited Partnership

() Annual Report

☒ Other **Conversion**

() Reinstatement

() Reservation

() Change of Registered Agent

☒ Certified Copy of Conversion *Copy* Photo Copies

() Certificate Under Seal

() Call When Ready

() Call If Problem

() After 4:30

☒ Walk In

() Will Wait

☒ Pick Up

() Mail Out

| |
|----------------|
| Name |
| Availability |
| Document |
| Examiner |
| Updater |
| Verifier |
| Acknowledgment |
| W.P. Verifier |



Empire Toll Free: 1-800-432-3028



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

06 SEP 27 AM 11:30

TALLAHASSEE, FLORIDA

FILED
06 SEP 27 PM 3:14
TALLAHASSEE, FLORIDA

September 18, 2006

EMPIRE

TALLAHASSEE, FL

SUBJECT: HOME AMERICA, LLC
Ref. Number: W06000040909

We have received your document for HOME AMERICA, LLC and your check(s) totaling \$180.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$180.00 payment.

HOME AMERICA, INC. was administratively dissolved in 2005 for not filing its Annual Report.

Before this conversion can be filed, the corporation must be reinstated.

To reinstate the corporation, please complete and submit a corporation reinstatement form. The reinstatement fee will total \$900.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Document Specialist

Letter Number: 306A00055807

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

FILED
06 SEP 27 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Home America, Inc.

99000030076

(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 3/29/1999.
(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**:

Home America, LLC.

(Enter Name of Florida Limited Liability Company)

Originals

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 12 day of Sept 2006.

Signature of Authorized Person: _____

Printed Name: Philip Spiegelman Title: President

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:

Home America, LLC

(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:

2875 NE 191 Street, 2nd Floor
Aventura, FL 33180

Mailing Address:

2875 NE 191 Street, 2nd Floor
Aventura, FL 33180

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:

Michael Ambrósio

2875 NE 191 Street, 2nd Floor - Suite 200

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

Aventura FL 33180

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)

MICHAEL AMBROSIO

(CONTINUED)

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:

MGRM

Philip Speigelman

2875 NE 191 Street, 2nd Floor,
Aventura, FL 33180 Suite 200

MGRM

Craig Studnicky

2875 NE 191 Street, 2nd Floor,
Aventura, FL 33180 Suite 200

(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.)

Sanford N. Reinhard

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)

\$ 5.00 Certificate of Status (Optional)