

L06000099721

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

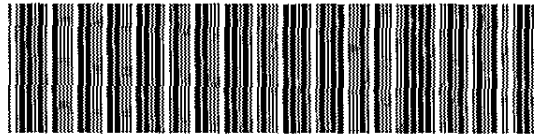
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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10/04/06--01020--009 \*\*150.00

**EFFECTIVE DATE**  
10/15/06

RECEIVED  
06 OCT -4 PM 12:45  
STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

W06-43626  
J. BRYAN OCT - 4 2006  
FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
OCT 12 PM 3:00

J. BRYAN OCT 12 2006

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Details VIP, Inc.  
(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:

Madeline Gonzalez  
(Contact Person)  
Details VIP, Inc.  
(Firm/Company)  
1091 NE 107 St  
(Address)  
Miami FL 33161  
(City, State and Zip Code)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 OCT 12 PM 3:00

For further information concerning this matter, please call:

Madeline Gonzalez at (305) 733-3337  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input checked="" type="checkbox"/> \$150.00 Filing Fees<br>(\$25 for Conversion<br>& \$125 for Articles<br>of Organization) | <input type="checkbox"/> \$155.00 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$180.00 Filing Fees<br>and Certified Copy | <input type="checkbox"/> \$185.00 Filing Fees,<br>Certified Copy, and<br>Certificate of Status |
|--|---|---|--|

**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

RECEIVED  
06 OCT 12 AM 8:00



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 4, 2006

MADELINE GONZALEZ  
DETAILS VIP, LLC  
1091 NE 107 ST  
MIAMI, FL 33161

SUBJECT: DETAILS VIP, LLC  
Ref. Number: W06000043626

FILED STATE  
SECRETARY OF CORPORATIONS  
06 OCT 12 PM 3:00

We have received your document for DETAILS VIP, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6043.

Joey Bryan  
Document Specialist

Letter Number: 206A00058863

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

FILED STATE  
SECRETARY OF CORPORATIONS  
06 OCT 12 PM 3:00

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:

Details VIP, Incorporated  
(Enter Name of Other Business Entity) #P06000091730

2. The "Other Business Entity" is a Incorporated.  
(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)

**EFFECTIVE DATE**  
10/15/06

on 7/12/06  
(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:

NO

4. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

Details VIP, LLC  
(Enter Name of Florida Limited Liability Company)

5. If not effective on the date of filing, enter the effective date: October 15, 2006  
(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 18 day of Sept. 20 06.

Signature of Authorized Person: Madeline Gonzalez

Printed Name: Madeline Gonzalez Title: Officer

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 OCT 12 PM 3:00

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)

850 245-6051  
Leslie

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Details VIP, 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:

1091 NE 107 Street  
Miami, FL 33161

### Mailing Address:

1091 NE 107 Street  
Miami, FL 33161

## 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.)

**EFFECTIVE DATE**

10/15/06

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

Madeline Gonzalez

Name

1091 NE 107 Street

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

Miami, FL 33161

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.*

Madeline Gonzalez

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
06 OCT 12 PM 3:00

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DIVISION OF CORPORATIONS  
06 OCT 12 PM 3:01

**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:**

MGR

Madeline Gonzalez  
1091 NE 107 Street  
Miami, FL 33161

MGRM

Jim Knott  
1091 NE 107 Street  
Miami, FL 33161

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 10/15/06  
(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:**

Madeline Gonzalez  
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.)

Madeline Gonzalez  
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)**