

(Requestor's Name)	-
(requestors realite)	
(Address)	
(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:	
·	
	1
	١
0.161.	١.
4104 pr	
4104 pr	N X
Office Use Only	N. B
(000	8
(000	8



10/09/06--01025--023 **180.00



COVER LETTER

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 10, 2006

JOSEPH Y LEUNG, CPA 18999 BISCAYNE BLVD STE 205 AVENTURA, FL 33180

SUBJECT: FAMZ LLC

Ref. Number: W06000044401

We have received your document for FAMZ 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):

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Organization, if any.

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) 245-6097.

Marsha Thomas Document Specialist Letter Number: 106A00060184

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 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 Busi	iness Entity" immediately p	rior to the filing of this	型 公
Certificate of Conversion is:	FAMZ CORPOR	ATION	
(Enter	r Name of Other Business	Entity)	
	: corporation, limited par rship, common law or bus	tnership, sole proprietors iness trust, etc.)	33/10/3 ship,
first organized, formed or incor (Enter state, or if	porated under the laws of _ f a non-U.S. entity, the nar	FLORIDA ne of the country)	
on APRIL 27, 19 (Enter date "Other Business		ed, formed or incorporat	ted)
3. If the jurisdiction of the "Oth under the laws of which it is not			
	N/A		·
4. The name of the Florida Lim Articles of Organization:	nited Liability Company as s	et forth in the attached	
(Enter Name	of Florida Limited Liabil	ity 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.)	06 OC
Signed this 6 day of October 2006.	TIT PH
Signature of Authorized Person: Municipal Review Au	2: 05 'FLORIDA
Printed Name: MUNIRA ALI Title: PRESIDENT	

Fees:

\$25.00

Certificate of Conversion: Fees for Florida Articles of Organization:

\$125.00

Certified Copy: Certificate of Status:

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

Page 2 of 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
FAMZ 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:
123 SE I AVE PO 号 3
HALLANDACE BEACH SAME
— FL 33009 — —
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Limbility Company count care as its own Paristered Agent Varyant designates.)
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:
MUNIRA ALI
3362 SW 51 ST STREET
Florida street address (P.O. Box <u>NOT</u> acceptable)
C- A-12000/ 22212

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)

City, State, and Zip

(CONTINUED)
Page 1 of 2

<u>Fitle:</u> "MGR" = Manager	Name and Address:
MGRM" = Managing N	Member
MGRM	MUNICA ALI
Pigieret	3362 SW 51 STREES
MGRM	Fr LAUDERDALE, FL
NGRM	ANWAR ALI
	3362 SW 51 ST
	FT LAUD, FL 33312
 	
	
	上 <u>。</u> 全部
•	
	(Use attachment if necessary) 5
	卫.
FIX. 10.00 .1 . 1.0	, , , , , , , , , , , , , , , , , , , ,
	other than the date of filing.
NAL) fective date is listed, th	e date must be specific and cannot be more than five
NAL) fective date is listed, th	
NAL) fective date is listed, th	e date must be specific and cannot be more than five system after the date of filing.)
NAL) Fective date is listed, the days prior to or 90 day REQUIRED SIGNATI	e date must be specific and cannot be more than five safter the date of filing.) URE:
NAL) Fective date is listed, the days prior to or 90 day REQUIRED SIGNATI	e date must be specific and cannot be more than five safter the date of filing.) URE:
AL) Cective date is listed, the days prior to or 90 day REQUIRED SIGNATI Signature of a mem	e date must be specific and cannot be more than five safter the date of filing.) URE: ber or an authorized representative of a member.
AL) Cective date is listed, the days prior to or 90 day REQUIRED SIGNATION Signature of a mem (In accordance with	e date must be specific and cannot be more than five after the date of filing.) URE: ber or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution
AL) Sective date is listed, the days prior to or 90 day EEQUIRED SIGNATION Signature of a mem (In accordance with of this document con	e date must be specific and cannot be more than fives after the date of filing.) URE: ber or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury at the facts stated herein are true.)
AL) Tective date is listed, the days prior to or 90 day REQUIRED SIGNATION Signature of a mem (In accordance with of this document con	e date must be specific and cannot be more than fives after the date of filing.) URE: ber or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury at the facts stated herein are true.)
NAL) Fective date is listed, the days prior to or 90 day REQUIRED SIGNATION Signature of a mem (In accordance with of this document contact the days are also become a signature of the days are also becom	e date must be specific and cannot be more than fives after the date of filing.) URE: ber or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury at the facts stated herein are true.)
AL) Sective date is listed, the days prior to or 90 day EEQUIRED SIGNATION Signature of a mem (In accordance with of this document contact the days are signature of a mem	e date must be specific and cannot be more than fives after the date of filing.) URE: ber or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury at the facts stated herein are true.) MUNIRA ALI
AL) ective date is listed, the lays prior to or 90 day EQUIRED SIGNATION Signature of a mem (In accordance with of this document contact that the layer of the	the date must be specific and cannot be more than five after the date of filing.) URE: ber or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury at the facts stated herein are true.) MUNICA ALI Typed or printed name of signee
AL) ective date is listed, the lays prior to or 90 day EQUIRED SIGNATION Signature of a mem (In accordance with of this document contact that the layer of the	the date must be specific and cannot be more than five after the date of filing.) URE: ber or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury at the facts stated herein are true.) MUNICA ALI Typed or printed name of signee or Articles of Organization and Designation ed Agent

ARTICLE IV- Manager(s) or Managing Member(s):