LD000102387

(Re	questor's Name)	
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(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
. PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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10/10/06--01039--005 **185.00

2006 OCT 10 PH 12: 15

SECRETARY OF STATE
DIVISION OF CORPORATIONS



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Visions by Ivy, LLC		
	Florida Limited Company)	
The enclosed Certificate of Conversion, Ar convert an "Other Business Entity" into a "accordance with s. 608.439, F.S.	rticles of Organization, and fees are submitted to 'Florida Limited Liability Company" in)
Please return all correspondence concerning	g this matter to:	
Ivonne Santos		2000
(Contact Person)	•	8
Visions by Ivy, LLC		2006 OCT 10
(Firm/Company)		0
990 Pinecrest Drive		PH 12:
(Address)		$\dot{\Sigma}$
Miami Springs, FL 33166		2
(City, State and Zip Code)		
For further information concerning this ma	tter, please call:	
Ivonne Santos	at (305) 962-3667	
(Name of Contact Person)	(Area Code and Daytime Telephone Number)	
Enclosed is a check for the following amou	int:	
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\$155.00 Filing Fees and Certificate of Status	\$180.00 Filing Fees and Certified Copy \$185.00 Filing Fees, Certified Copy, and 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	



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 11, 2006

IVONNE SANTOS 990 PINECREST DRIVE MIAMI SPRINGS, FL 33166

SUBJECT: VISION BY IVY, LLC Ref. Number: W06000044628

PRINTERS OF LOWER PARTONS

We have received your document for VISION BY IVY, LLC and your check(s) totaling \$185.00. 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.

The effective date cannot be prior to 10/10/06, the date received by this 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) 245-6984.

Deborah Bruce Document Specialist

Letter Number: 706A00060522

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: Visions by Ivy
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Sole Proprietorship
(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 Januar 1/2006
(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:
Visions by Ivy, LLC
(Enter Name of Floride Limited Lightlity Company)

Page 1 of 2

2006 OCT 10 PM12: 15

5. If not effective on the date of filing, enter the effective date: 1000000000000000000000000000000000000	e
Signed this 3rd day of October 20 06.	
Signature of Authorized Person. Sound Saula	
Printed Name: Ivonne Santos Title: President	
	710

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 Compar	ny is:
Visions by Ivy, 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 t	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
990 Pinecrest Drive	P.O. Box 660054
Miami Springs, FL 33166	Miami Springs, FL 33266
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of	S. S. ¥I.S.
	Furniture & Custom Design, Inc.
7391 N.W. 78th Stree	t
Florida str	eet address (P.O. Box <u>NOT</u> acceptable)
Miami, FL 33166	FL
City, S	State, and Zip
Having been named as registered agent at	nd 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)

(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" = Mana	ger	Name and Address:	
"MGRM" = Ma			
		Ivonne Santos	
Manager		990 Pinecrest Drive	_
		Miami Springs, FL 33166	_
		Wildhii Springs, r E 33 100	
			
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(Use attachment	if necessary)	,	
•	• •	(
LE V: Effective	date, if other than the	date of filing: NA (OPT)	
nective date is in	steu, the date must be	e specific and cannot be more than five busines	ss days
days after the d	ate of filing.)		
DEUIIDED SI	CNATURE.		
REQUIRED SI	GNATURE:		
REQUIRED SI	GNATURE:		
REQUIRED SI	Svov	no Sando	
REQUIRED SI	Svov	er or an authorized representative of a member.	
REQUIRED SI	Signature of a membe	•	
REQUIRED SI	Signature of a membe	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury	

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)

Typed or printed name of signee