# L06000105297

(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:
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Office Use Only



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SECRETARY OF STATE
DIVISION OF CORPORATIONS

W06-45721

J. MRYAM OCT 5 1 2006

# **COVER LETTER**

TO: Registration Section Division of Corporations
Hodray IIC
SUBJECT:(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:
Cotherine Levinson  (Contact Person)  Hedrex, UC
Hedrey, UC
(Contact Person) Hedrex, LLC  (Firm/Company) 17011 Pines Blvd  (Address) Pembooke Pines PL 33027
Pembooke Pines PL 33027
(City, State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (954) 4419700 lx (Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount:
\$150.00 Filing Fees   \$155.00 Filing Fees   \$180.00 Filing Fees   \$185.00 Filing Fees,    (\$25 for Conversion and Certificate of Status   \$125 for Articles of Organization)   \$185.00 Filing Fees   \$
STREET ADDRESS: Registration Section Division of Corporations  MAILING ADDRESS: Registration Section Division of Corporations
Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 18, 2006

CATHERINE LEVINSON HEDREX, LLC 17011 PINES BLVD PEMBROKE PINES, FL 33027

SUBJECT: HEDREX, LLC Ref. Number: W06000045721

We have received your document for HEDREX, 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.

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: 006A00062025

OF OCT 30 AM 10: 28

## **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 Conversionis: Hedrex Corporation  (Enter Name of Other Business Entity) DOC # P06000090431
(Enter Name of Other Business Entity) DOC # P060009043
2. The "Other Business Entity" is a
first organized, formed or incorporated under the laws of FLOTILA (Enter state, or if a non-U.S. entity, the name of the country)
(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:  Hedrex, LLC
(Enter Name of Florida Limited Liability Company)

Page 1 of 2

5. If not effective on the date of filing, enter the eff (The effective date: 1) cannot be prior to nor medocument is filed by the Florida Department of seffective date listed in the attached Articles of O listed therein.)	ore than 90 days after the date this State; <u>AND</u> 2) must be the same as the
Signed this 12 day of October	2006
Signature of Authorized Person:	tu Church
Printed Name Catherine Levinson Title	Req. Agent
	Reg. Agent 30 06 OCT 30
_	
Fees:	\$25.00 \$125.00
Certificate of Conversion: Fees for Florida Articles of Organization:	\$25.00 \$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:
Hedrex, 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:
Pembrohe Pines, FL Some
<u>33017</u>
Principal Office Address:  17011 Pines Blvd Some Pembroke Pines Ft 33027  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:  Catherine Levinson  28
The name and the Florida street address of the registered agent are:
Catherine Levinson 28 gm
17011 Pines Blud. Florida street address (P.O. Box NOT acceptable)
Pmbroke Prus, Fr 33027 City, State, and Zip
Having been named as registered agent and to accept service of process for the

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)

(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	CORFOR CONTROL
Title:  "MGR" = Manager  "MGRM" = Managing Member	FOR AHIO: 28
Mgrn (alherine Levinso 17011 Pines Bli Pembrone Pines	M Jd FL 3302
Marm D. Hitchell Levi some as	nsow
(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	TOO 6
business days prior to or 90 days after the date of filing.)  REQUIRED SIGNATURE:	7
Signature of a member or an authorized representative of a member	- r.
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjur that the facts stated herein are true.)	
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)	