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(Requestor's Name)		
(Address)		
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
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COVER LETTER

Division of Corporations	
SUBJECT: Phuc Snip	per LLC
(Name of Resulting F	lorida Limited Company)
The enclosed Certificate of Conversion, Articonvert an "Other Business Entity" into a "Faccordance with s. 608.439, F.S.	cles of Organization, and fees are submitted to lorida Limited Liability Company" in
Please return all correspondence concerning	this matter to:
Phuc Snipper (Contact Person)	^
(Contact Person)	
VNITA	
(Firm/Company)	
Pinellas Part,	ste 301
(Address)	CL 22 CO
Pinellas Part,	F1 35 782
(City, State and Zip Code)	SEE SEE
	OF AH
For further information concerning this matter	er, please call:
Phyc Snipper (Name of Contact Person)	at (727) 525_ 1313 5
(Name of Contact Person)	(Area Code and Daytime Telephone Number)
Enclosed is a check for the following amoun	er, please call: at (1-27) 525 13 13
	\$180.00 Filing Fees and Certified Copy \$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations P. O. Box 6327
Clifton Building 2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee, FL 32301	

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

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 infinediately prior to the filling of this
Certificate of Conversion is: Phyc SNIPPER LLC.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a VNI Realty Fnc D0000057377 (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 12/28/2006. (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(d
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
PNAC + NIPPEL LLC.
(Enter Name of Florida Limited Liability Company)

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; <u>AND</u> 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 08 day of Februare 07.
Signature of Authorized Person:
Printed Name: Phuc Snipper Title: Title:

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

Phuc SWIPPER LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or

The mailing address and street address of the principal office of the Limited

ARTICLE I - Name:

ARTICLE II - Address:

Liability Company is:

"L.C.,")

The name of the Limited Liability Company is:

Principal Office Address:	Mailing Address:	
8800 49KJt, J&301	pane.	
Pinello Part, Fl 33782		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate and individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Van Thursday Name Name Name S530 90 K + Name Name S530 90 K + Name Name S530 90 K + N		

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

(CONTINUED)
Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (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: e 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.) Phuc Swipter Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation

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

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)