L07000040323

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(Only Classon 2.16) Hollowy			
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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2001 APR 13 P 12: 40
SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: EL CAMINO LLC (Name of Result	ing Florida Limited Company)
The enclosed Certificate of Conversion,	Articles of Organization, and fees are submitted to a "Florida Limited Liability Company" in
Please return all correspondence concern	ning this matter to:
ANGELA DIAZ	
(Contact Person)	
MY BEST CLEANER	RS CORP.
(Firm/Company)	
2306 SAPHIRE C	<u>T.</u>
(Address)	
KISSIMMEE FL 347	'43
(City, State and Zip Cod	SE SE
	matter, please call: 370-6445
For further information concerning this	matter, please call:
RUBEN D. TORO	matter, please call: at (407) 370-6445 FFY 3
(Name of Contact Person)	(Area Code and Daytime Telephone Nurkber)
Enclosed is a check for the following an	nount:
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\$155.00 Filing Fee and Certificate of Status	\$ \$\int \$180.00\$ Filing Fees and Certified Copy Status \$ \$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

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" immediately prior to the fill	ing of this
Certificate of Conversion is: MY BEST CLEANERS CORP.	
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a CORPORATION	·
(Enter entity type. Example: corporation, limited partnership, sol general partnership, common law or business trust, e	
first organized, formed or incorporated under the laws of FLORIDA (Enter state, or if a non-U.S. entity, the name of the cou	ınt <u>r</u> y)
on 05/17/2006	2001 , SECR
(Enter date "Other Business Entity" was first organized, formed	or incorporated)
3. If the jurisdiction of the "Other Business Entity" was changed, the stunder the laws of which it is now organized, formed or incorporated:	ate or country FLORID
4. The name of the Florida Limited Liability Company as set forth in the Articles of Organization:	⇒ O ne attached
EL CAMINO LLC	
(Entay Name of Clavida Limited Lighility Company	w)

Page 1 of 2

5. If not effective on the date of filing, enter the eff	fective date: 04/08/	2007	
(The effective date: 1) cannot be prior to nor modocument is filed by the Florida Department of effective date listed in the attached Articles of O listed therein.)	ore than 90 days afte State; <u>AND</u> 2) must	er the date this be the same as	
Signed this 8TH. day of APRIL	20_07		
Signature of Authorized Person: Myel	2 Vlig		
Printed Name: Angela Diaz Title	President		
Fees: Certificate of Conversion: Fees for Florida Articles of Organization: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	2001 APR 13 P 12: 4 SECRETARY OF STATE TALLAHASSEE. FLORIO	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

ARTICLE I - Name:

EL CAMINO LLC

"L.C.,")

The name of the Limited Liability Company is:

	e Address:	<u>Mail</u> i	ng Address:
2306 Saphire Ct	.	2306 S	Saphire Ct.
Kissimmee FL 347	43	Kissim	mee FL 34743
Signature: (The Limited Liabili individual or another business entity with	an active Florida registration.) he Florida street address of ANGE 2306 Sa	Registered Agen the registere LA DIAZ Name phire Ct.	t. You must designate of STATE of agent and agent and agent
	Florida street address	(P.O. Box <u>N</u>	
	V 1001mama 00	Tot	34743
	Kissimmee	$\frac{FL}{State, and Z}$	

(CONTINUED)
Page 1 of 2

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)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	ANGELA DIAZ
	2306 SAPHIRE CT.
	KISSIMMEE FL 34743
MGRM	KASSIM CAMILO
	2306 SAPHIRE CT. ,
	KISSIMMEE FL 34743
·	2001 APR
	SSEE 3
	STA STA
	(Use attachment if necessary)
ARTICLE V: Effective date, if other than the (OPTIONAL) (If an effective date is listed, the date must business days prior to or 90 days after the date	oe specific and cannot be more than five
REQUIRED SIGNATURE:	Q / /a'
luge	
Signature of a member or an aut	thorized representative of a member.
of this document constitutes an aff	108(3), Florida Statutes, the execution firmation under the penalties of perjury ated herein are true.)
Ange	ela Diaz
	ted 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)