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(Requestor's Name)		
(Address)		
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(Cit	ty/State/Zip/Phone	∍ #)
PICK-UP	☐ WAIT	MAIL MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



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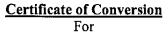
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SECRETARY OF STATE DIVISION OF CERPORATION

COVER LETTER

Division of Corporations	
SUBJECT: ANICO IA	JTERNIATIONAL, LC. Florida Limited Company)
The enclosed Certificate of Conversion, Art convert an "Other Business Entity" into a "Faccordance with s. 608.439, F.S.	icles of Organization, and fees are submitted to Florida Limited Liability Company" in
Please return all correspondence concerning	this matter to:
Amires Propro (Contact Person)	
(Firm/Company)	OVEC, LL.
ANICO INTERNATA (Firm/Company) 15/04 S(N 5/st (Address)	Strect
City, State and Zip Code)	
For further information concerning this matter	ter, please call:
(Name of Contact Person)	at (786) 543 - 3950 (Area Code and Daytime Telephone Number)
Enclosed is a check for the following amour	
\$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 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



"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 filing of this		
Certificate of Conversion is:		
(Enter Name of Other Business Entity)		
2. The "Other Business Entity" is a <u>Corporation</u> . (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 <u>FLORINA</u> , USA. (Enter state, or if a non-U.S. entity, the name of the country)		
on (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:		
(Enter Name of Florida Limited Liability 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.)
Signed this 15th day of April 20 07
Signature of Authorized Person:
Printed Name: Andres Prount Title: Managing Member

Fees:

Certificate of Conversion:

\$25.00

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

\$125.00

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

Page 2 of 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:		
ANICO INTERNATIONAL 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:		
15104 Sw 51st Street 15104 Sw 51st Street Davie, Fr. 33331 Davie, Fr. 33331		
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 etreet address of the registered agent are:		
The name and the Florida street address of the registered agent are:		
Andres Pround Name 15104 SW SIst Street		
15104 SW JIst Street		
Florida street address (P.O. Box NOT acceptable)		
Davie FL 33331		
City, State, and Zip		
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:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	Ardres Progro
	15104 SW SIST Street Davie, FL 33331
MGRM	Cher Miller 15104 SW Star Strat
	Davie, FC 3333/
	· .
	(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 business days prior to or 90 days after the d	=
REQUIRED SIGNATURE:	
Signature of a member or an au	thorized representative of a member.
of this document constitutes an af	408(3), Florida Statutes, the execution firmation under the penalties of perjury ated herein are true.)
	Progno nted name of signee
	ned hame 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)