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| PICK-UP                 | WAIT               | MAIL            |
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| (Bu                     | siness Entity Nan  | ne)             |
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| (Do                     | cument Number)     |                 |
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| Certified Copies        | Certificates       | of Status       |
|                         |                    | •               |
| Special Instructions to | Filing Officer:    |                 |
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Office Use Only



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### **COVER LETTER**

| TO: Registration Section Division of Corporations   |   |
|---|---|
| SUBJECT: HOVERCRAFT (Name of Resulting  | BEVELOPMENT, LLC g Florida Limited Company)   |
| The enclosed Certificate of Conversion, A 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 concernir  | ng this matter to:  |
| GIADA ROCCA (Firm/Company)  | <u>P.A.</u>   |
| 800 BRICKELL AVENU  | E, STE. 400   |
| (City, State and Zip Code)  | 1-12  |
| For further information concerning this ma  | atter, please call:  at (786) 269-0687  (Area Code and Daytime Telephone Number)  unt:                                    |
| (Name of Contact Person)  | (Area Code and Daytime Telephone Number)  |
| Enclosed is a check for the following amo   | unt:  |
| \$150.00 Filing Fees<br>(\$25 for Conversion<br>& \$125 for Articles<br>of Organization) \$155.00 Filing Fees<br>and Certificate of<br>Status | \$180.00 Filing Fees and Certified Copy  State of Status  \$180.00 Filing Fees, Certified Copy, and Certificate of Status |
| STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle                                   | MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 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" immediately prior to the filing of this Certificate of Conversion is:  HOVER CRAFT DEVELOPHENT INC  (Enter Name of Other Business Entity)                   | J153 |
|--|------|
| 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.) |      |
|  |      |
| 4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  HOVERCRAFT DEVELOPHENT, LLC   | ਰਾ   |

(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; 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 14th day of HAY 20 07.   |
| Signature of Authorized Person:  Printed Name: GIADA ROCCA Title: MEMBER   |

# Fees:

\$25.00

Certificate of Conversion: Fees for Florida Articles of Organization:

\$125.00

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

Certified Copy: Certificate of Status:

Page 2 of 2

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability  HOVERCRAFT  (Must end with the words "Limited Liability "L.C.,") | Company is:  DEVELOPHENT, LLC  Company, "Limited Company" or their abbreviation "LLC," or  |
|---|--|
| ARTICLE II - Address:   | dress of the principal office of the Limited   |
| Principal Office Address:   | Mailing Address:   |
| 1423 Collins Avenue<br>Hiami Reach, FL 3.   | 1423 Collins Avenue<br>3139 Miami Beach, FL33139   |
| individual or another business entity with an active Florida registre.  The name and the Florida street ac            | ddress of the registered agent are:  |
| <u> </u>  | Name<br>Name<br>Illins Avenue  |
| 1423 Co   | address (P.O. Box NOT acceptable)  |
|   | Beach FL 33139  City, State, and Zip   |
|   | ed agent and to accept service of process for the paper and accept service of process for the paper and accept and accept to act in this |

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:

| "MGR" = Manager<br>"MGRM" = Managing Member  | Name and Address:                                     |
|--|---|
| MGR  | HIKE CHAVIS 1423 Collins Avenue Hiami Beach, FL 33139 |
|  |   |
|  |   |
|  | (Use attachment if necessary)                         |
| LE V: Effective date, if other than the d  | ate of filing:  |
| NAL)<br>fective date is listed, the date must be<br>days prior to or 90 days after the dat   | e specific and cannot be more than five e of filing.) |
| fective date is listed, the date must be days prior to or 90 days after the dat  |   |
| rective date is listed, the date must be days prior to or 90 days after the date reconstruction and the date recon | e of filing.)  SECRETALLARY                           |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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