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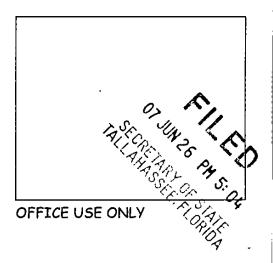
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FLORIDA RESEARCH & FILING SERVICES, INC. 1211 CIRCLE DRIVE TALLAHASSEE, FL 32301 PHONE (850)656-6446



WALK-IN

ENTITY NAME:

1. EAST COAST CAPITAL INVESTMENT LLC

CK# 2641

AMOUNT \$150.00

PLEASE FILE THE ATTACHED CERTIFICATE OF CONVERSION & RETURN THE FOLLOWING:

___ CERTIFIED COPY

XXX STAMPED COPY

___ CERTIFICATE OF STATUS

Certificate of Conversion For "Other Business Entity" Into

Florida Limited Liability Company

OT WAS ON SIGN 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
1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is: East Coast Capital Investment, Inc. (Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation (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 07/13/2006
(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:
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
East Coast Capital Investment, LLC
(Enter Name of Florida Limited Liability Company)

Page 1 of 2

document is filed by the Florida Dep	enter the effective date: or to nor more than 90 days after the date this artment of State; AND 2) must be the same as the crticles of Organization, if an effective date is
Signed this ZO day of JO	ne 20 <u>07</u> .
Signature of Authorized Person:	L Clant
Printed Name: <u>Richard</u> Ug	iarte Title: Provident
Fees:	
Certificate of Conversion:	\$25.00

\$125.00 \$30.00 (Optional) \$5.00 (Optional)

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY CQ

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

East Coast Capital Investment, LLC

ANNIMAGE AS ON SOME (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:

1280 PARTRIDGE AVENUE

MIAMI SPRINGS FL 33166

1280 PARTRIDGE AVENUE MIAMI SPRINGS FL 33166

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:

RICHARD M. UGARTE

1280 PARTRIDGE AVENUE

Florida street address (P.O. Box NOT acceptable)

_{FL} 33166 MIAMI SPRINGS

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:

<u>l'itle:</u>	Name and Address:
MGR" = Manager MGRM" = Managing Member	
MGR	RICHARD M. UGARTE
	1280 PARTRIDGE AVENUE MIAMI SPRINGS FL 33166
	MIAMI SPHINGS FL 33100
	(Use attachment if necessary)
days prior to or 90 days after the d REQUIRED SIGNATURE:	are of ming.)
	V2/_
Signature of a member or an au	morized representative of a member.
(In accordance with section 608, of this document constitutes an af	Horized representative of a member. 408(3). Florida Statutes, the execution firmation under the penalties of perjury ated herein are true.)
(In accordance with section 608, of this document constitutes an af that the facts st	408(3), Florida Statutes, the execution firmation under the penalties of perjury ated herein are true.)
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