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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Family Dream	S TNYESTMONTS CORP Florida Limited Company)
(Name of Resulting	Florida Limited Company)
The enclosed Certificate of Conversion, Art convert an "Other Business Entity" into a "accordance with s. 608.439, F.S.	ticles of Organization, and fees are submitted to Florida Limited Liability Company" in
Please return all correspondence concerning	g this matter to:
Nelson Perez (Contact Person) Family Dreams (Firm/Company)	INVESTMENT COEP.
3565 W 14 AVC	
(Address) Him, FC 33012 (City, State and Zip Code)	
For further information concerning this mat	ter, please call:
Nolson Perez	at (305) 30/-7699
(Name of Contact Person) Enclosed is a check for the following amount	(Area Code and Daytime Telephone Number) nt:
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\$ \$155.00 Filing Fees and Certificate of Status	\$180.00 Filing Fees \$185.00 Filing Fees, and Certified Copy 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 <u>and attached Articles of Organization</u> 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:	
TAMILY DOEANS INVESTM	TOWNER COST
(Enter Name of Other Business Entity) 2. The "Other Business Entity" is a Confe	DALA- (1/13/55)
2. The "Other Business Entity" is a Corp.	Andra days
(Enter entity type. Example: corporation, limited partnership, sole proprietors general partnership, common law or business trust, etc.)	 ship,
first organized, formed or incorporated under the laws of \overline{L} (Enter state, or if a non-U.S. entity, the name of the country)	<u> </u>
on 05 2006 (Enter date "Other Business Entity" was first organized, formed or incorporate	ed)
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:	 -
Family Dream S Investments (Enter Name of Florida Limited Liability Company)	
(Enter Name of Florida Limited Liability Company)	
Page 1 of 2	2007 AUG 28 P
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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 21 day of 409 2007.
Signature of Authorized Person:
Printed Name: Nelson Parol Title: Des.

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Family Drepr		NTY LLC
(Must end with the words "Limited Lie "LLC.")	ibility Company," the abbreviation "L	.L.C.," or the designation
ARTICLE II - Address:		
The mailing address and stree Liability Company is:	at address of the principal of	fice of the Limited
Diagnity Company is.		
Principal Office Address:	<u>Mailing</u>	Address:
3565 W14 HL	<u>e</u>	
HIA, FC 33	01,5	SAMO
ARTICLE III - Registered	Agent, Registered Office A	Registered Agent's
Signature:		_
(The Limited Liability Company cannot individual or another	t serve as its own Registered Agent. Y	You must designate an
business entity with an active Florida	registration.)	
The name and the Florida stre	et address of the registered	agent are:
Nels	on Perez	
264	Name	
Florida s	treet address (P.O. Box NOT	Caccantable)
		_
	r A FL	30(2
,	City, State, and Zip	
	stered agent and to accept se	
	company at the place design	
	tment as registered agent and comply with the provisions of	
the proper and complete pe	rformance of my duties, and i	I am familiar with and 🗠 🔠
accept the obligations of	my position as registered age	nt as provided for in
	Chapter 608, F.S.	FLS
-	11eu z	EOUIRED) 5
Reg	istered Agent's signature (R	EQUIRED) ₹''' ∽

(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 MGR. (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 Signature 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.)

Filing Fees:

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

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation