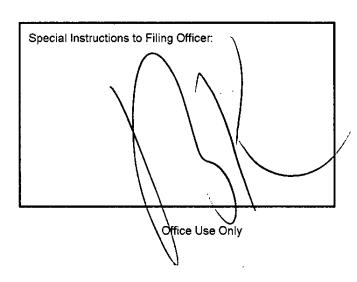
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(Re	equestor's Name)
(Ac	ddress)	
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(Ci	ty/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Na	me)
(Document Number)		
Certified Copies	_ Certificate	es of Status





400108431484







ACCOUNT NO. : 072100000032

REFERENCE: 295430 7615112

AUTHORIZATION :

ORDER DATE: October 30, 2007

ORDER TIME : 3:54 PM

ORDER NO. : 295430-010

CUSTOMER NO: 7615112

DOMESTIC FILING

NAME: LEVITA LLC

<u>XX</u>	CERTIFICATE	OF CONVERSION
VV	ADTICIES OF	ODGANTZATTON

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman - EXT. 2908

EXAMINER'S INITIALS:

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.

 The name of the "Other Business Entity" immediately prior to the filing of 				
Certificate of Conversion is: LEVITA INC.	POT UUU!			
(Enter Name of Other Business Entity)				
2. The "Other Business Entity" is a CORPORATION				
(Enter entity type. Example: corporation, limited pa general partnership, common law or bu	rtnership, sole proprietorship			
first organized, formed or incorporated under the laws of FLORIDA				
(Enter state, or if a non-U.S. entity, the na	me of the country)			
on 7/18/07				
(Enter date "Other Business Entity" was first organ	zed, formed or incorporated)			
 If the jurisdiction of the "Other Business Entity" was c under the laws of which it is now organized, formed or inc 				
4. The name of the Florida Limited Liability Company as Articles of Organization:	set forth in the attached			
LEVITA LLC				
(Enter Name of Florida Limited Liab	ility 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 29 day of October 20 07.

Signature of Authorized Person:

Printed Name: Mark and Title:

Fees:

Certificate of Conversion: \$25.00 Fees for Florida Articles of Organization: \$125.00

Fees for Florida Articles of Organization: \$125 Certified Copy: \$30.

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

Page 2 of 2

ARTIC

LES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:
LEVITA LLC PC 8
(Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC.")
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
Levita LLC Some
21758 Rangenwed Road Boca Rosus, FL 33433
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:
FLORIDA-INCORPORATIONS, NET INC
BAIA CORAL RIDGE TR

Florida street address (P.O. Box NOT acceptable) CORAL SPRINGS FL 33065
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 thanter 608, F.S.

BY: /s/Larry Matthews

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (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.) <u>REOUIRED SIGNATURE:</u> Signature of a member of an nothorized representative of a member. (In accordance with section 608.408(3), Plorida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Typed or printed name of signce

Filing Fees:

5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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