# L07000112155

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

Office Use Only



000110335290

11/05/07--01016--021 \*\*150.00

07 NOV -5 PM 12: 22

# COVER LETTER

TO: Registration Section	
Division of Corporations  SUBJECT: (Name of Resulting Flor	rida Limited Company)
The enclosed Certificate of Conversion, Articleonvert an "Other Business Entity" into a "Flo accordance with s. 608.439, F.S.	
Please return all correspondence concerning th	is matter to:
Tharwin T. Mar (Contact Person)	tinez
(Firm/Company)  600 NW South hive (Address)  Maur FL 331  (City, State and Zip Code)	,
For further information concerning this matter	, please call:
Silvio Masieri at (Name of Contact Person)	(305) 298-2690 (Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount:	
	\$180.00 Filing Fees and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section
Clifton Building	Division of Corporations P. O. Box 6327
2661 Executive Center Circle	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 infinediately prior to the ming of this
Certificate of Conversion is The Euler prices Corp  (Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
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 03/19/2007 (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:  TTO Eulev prises LLC.
(Enter Name of Florida Limited Liability Company)

5. If not effective on the date of filing, enter the effective date: 1) cannot be prior to nor no document is filed by the Florida Department of effective date listed in the attached Articles of elisted therein.)	nore than 90 days after the date this f State; <u>AND</u> 2) must be the same as the
Signed this <u>01</u> day of <u>Novembe</u>	<u>v</u> 20 <u>07</u> .
Signature of Authorized Person:	n mantinen
Printed Name: TharwinJMarlineZTitl	e: President
Fees:	
Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

Page 2 of 2

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation

The mailing address and street address of the principal office of the Limited

**Mailing Address:** 

**ARTICLE I - Name:** 

**ARTICLE II - Address:** 

**Principal Office Address:** 

Liability Company is:

"LLC.")

The name of the Limited Liability Company is:

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 ndividual or another
business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Thorwin I Marlinez
600 NW South River Dr Ste 408
Florida street address (P.O. Box NOT acceptable)
Miam. FLFL 33136
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.

(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>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Thorxin T Martinez 600 NW South River Do Ste Los Midui FL 33136
MGRM	Olga L. Fouse ca 600 NW South Aiver Dr Ste 408 Miami FL 33136
	(Use attachment if necessary)
ARTICLE V: Effective date, if other the OPTIONAL)	,
If an effective date is listed, the date in ousiness days prior to or 90 days after	must be specific and cannot be more than five 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.)

Tharwin T Martinez

Typed opprinted name 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)

Page 2 of 2