# L08000035800

(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



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SECRETARY OF STATE ALLAHASSEE, FLORIDA

# COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: MACRO APPRAISAL	S LLC		
	g Florida Limited Company)		
convert an "Other Business Entity" into a accordance with s. 608.439, F.S.		to	
Please return all correspondence concerning	ng this matter to:		
SEYED M TAHERI			
(Contact Person)			
MACRO APPRAISALS LLC			
(Firm/Company)			
12523 RINGWOOD AVE	· <del></del>	ΞG	80
(Address)		ECR.	HAR HAR
ORLANDO, FL 32837		ESE ESE	5
(City, State and Zip Code)		SEA	<u> </u>
For further information concerning this ma	atter, please call:	F STATE	08 HAR 10 AM 10: 42
SEYED M TAHERI	at ( <u>407</u> ) <u>435-7683</u>	_	, -
(Name of Contact Person)	(Area Code and Daytime Telephone Number)		
Enclosed is a check for the following amou	unt:		
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\$155.00 Filing Fees and Certificate of Status	\$180.00 Filing Fees and Certified Copy  Certified Copy, and Certificate of Status		
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314		
$\mathcal{M}_{\mathcal{F}}}}}}}}}}$			

## **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:  MACRO APPRAISALS INC  105-10051	
(Enter Name of Other Business Entity)	
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.)	
first organized, formed or incorporated under the laws of FLORIDA (Enter state, or if a non-U.S. entity, the name of the country)	0
on 7/29/2005 (Enter date "Other Business Entity" was first organized, formed or incorporated).	2
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:	הדאדם
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:	
MACRO APPRAISALS LLC	
(Enter Name of Florida Limited Liability Company)	

Page 1 of 2

5. If not effective on the date of filing, enter the effective date: 1) cannot be prior to nor m document is filed by the Florida Department of effective date listed in the attached Articles of C listed therein.)	ore than 90 days after the date this State; AND 2) must be the same as	the
Signed this <u>03</u> day of <u>03</u>	20 <u></u>	
Signature of Authorized Person:	Salar	
Printed Name: SEYED M TAHERI Title	: MGRM	-
<u>Fees:</u>		FILED AN IO: 42  BECHETATY OF STATE SECHETATY OF STATE TALLAHASSEE. FLORID
Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	TATE AT THE PROPERTY OF THE PR

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE 1 - Name:

The name of the Limited Liability Company is:

#### MACRO APPRAISALS LLC

(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:

12523 RINGWOOD AVE

ORLANDO, FL 32837

12523 RINGWOOD AVE

ORLANDO, FL 3283

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:

SEYED M TAHERI

Name 12523 RINGWOOD AVE

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

ORLANDO

թը 32837

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,

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:

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MCDM	SEYED M TAHERI
MGRM	
	12523 RINGWOOD AVE
•	ORLANDO, FL 32837
MGRM	ZEYNAB BAGHERI
	12523 RINGWOOD AVE
	ORLANDO, FL 32837
	OKLANDO, FL 32037
	·
	(Use attachment if necessary)
	(Cso attachment if necessary)
A INTERIOR ID NO. INCOME.	\$3.50 c
<b>ARTICLE V:</b> Effective date, if other than t	ne date of filing:
(OPTIONAL)	T T T
(If an effective date is listed, the date mu	
business days prior to or 90 days after the	date of filing.)
PROGRAMME STORY	<b>&gt;</b>
<u>REQUIRED</u> SIGNATURE:	7
Il I store	
- July / ()Will	
Signature of a member or an	authorized representative of a member.
(In accordance with section 60	98.408(3), Florida Statutes, the execution
	affirmation under the penalties of perjury
	stated herein are true.)
	· ·
SEYED M TAHER	3 T
Typed or p	rinted 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)