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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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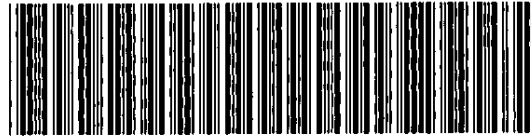
(Business Entity Name)

(Document Number)

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B. KOHR  
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EXAMINER

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EXECUTIVE CORPORATE FILING, INC.  
9300 S. DIXIE HWY SUITE 205  
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(305) 670 3110

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CORPORATE NAME AND DOCUMENT NUMBER

1. Ibioxo, Corp.  
CORPORATE NAME \_\_\_\_\_ DOCUMENT # \_\_\_\_\_
2. \_\_\_\_\_  
CORPORATE NAME \_\_\_\_\_ DOCUMENT # \_\_\_\_\_
3. \_\_\_\_\_  
CORPORATE NAME \_\_\_\_\_ DOCUMENT # \_\_\_\_\_
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CORPORATE NAME \_\_\_\_\_ DOCUMENT # \_\_\_\_\_

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**AMENDMENTS**

- AMENDMENT
- RESIGNATION OF R. A., OFFICER/DIRECTOR
- CHANGE OF REGISTERED AGENT
- DISSOLUTION/WITHDRAWAL
- MERGER

**NEW FILINGS**

- PROFIT
- NOT FOR PROFIT
- LIMITED LIABILITY
- DOMESTICATION
- OTHER - conversion to LLC

**REGISTRATION/QUALIFICATION**

- FOREIGN
- LIMITED PARTNERSHIP
- REINSTATEMENT
- TRADEMARK
- OTHER

**OTHERS FILINGS**

- ANNUAL REPORT
- FICTITIOUS NAME

EXAMINER'S INITIAL \_\_\_\_\_

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TALLAHASSEE, FLORIDA

**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:  
IBIEKO, CORP.

PO7 000099969

(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.)

10/25/06

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 10/25/06.  
(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:

FLORIDA

4. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

IBIEKO, LLC

(Enter Name of Florida Limited Liability Company)

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 28TH day of MARCH 2008.

Signature of Authorized Person:  \_\_\_\_\_

Printed Name: HELENA BOARINI Title: MGR

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

IBIEKO, 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:**

3131 CAPRI ISLE WAY  
ORLANDO, FL 32835

**Mailing Address:**

3131 CAPRI ISLE WAY  
ORLANDO, FL 32835

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**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:

HELENA BOARINI  
Name  
3131 CAPRI ISLE WAY  
Florida street address (P.O. Box **NOT** acceptable)  
ORLANDO FL 32835  
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)

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

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

HELENA BOARINI

3131 CAPRI ISLE WAY

ORLANDO, FL 32835

MGR

PATRICIA BELLINI AMATO

3131 CAPRI ISLE WAY

ORLANDO, FL 32835

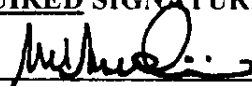
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_.

(OPTIONAL)

(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 Certificate of Conversion, if an effective date is listed therein.)

**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.)

HELENA BOARINI

Typed or printed name of signee