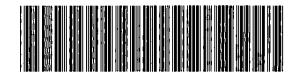
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(Reque	estor's Name)	
(Addre	ss)	
(Addre	ss)	
(City/S	tate/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Docur	nent Number))
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
·		

Office Use Only



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04/04/08--01024--008 ++185.00

2000 APR -4 PM 3: 42 SECRETARY OF STATE TAIL AHASSEE, FLORIDA

T. CLINE
MAY - 6 2008
EXAMINER

April 7, 2008

CLAUDIO FERRER 5928 SNOWDROP WAY WEST PALM BEACH, FL 33415

SUBJECT: ADVENTURE MOTO LLC

Ref. Number: W08000017649

We have received your document for ADVENTURE MOTO LLC and Gour check(s) totaling \$185.00. However, the enclosed document has not been filled and is being returned for the following correction(s):

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Organization, if any.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Letter Number: 008A00020293

Tammi Cline Regulatory Specialist II

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Adven fore Moto LLC (Name of Resulting Florida Limited Company)				
The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.				
Please return all correspondence concerning this matter to:				
CLAUDIO FERRER (Contact Person) Advanture Moto LLC (Firm/Company) 5728 Snowdrop Way (Address) West Palm Beach FL 33415 (City, State and Zip Code)				
(Address) West Palm Beach FL 33415 (City, State and Zip Code)				
For further information concerning this matter, please call:				
(Name of Contact Person) at (561) 242-5158 (Area Code and Daytime Telephone Number)				
Enclosed is a check for the following amount:				
\$150.00 Filing Fees \$155.00 Filing Fees \$180.00 Filing Fees \$185.00 Filing Fees, \$25 for Conversion and Certificate of and Certified Copy \$185.00 Filing Fees, Certified Copy, and Certificate of Status \$100 Certificate of Status				
Registration Section Division of Corporations Clifton Building P. O. Box 6327 Cl661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314				

Dear Tammi Cline or to whom may concern;

Enclosed are all the documents requested for the conversion of the business with all the correct signatures and "updated" addresses. Please make all necessary changes to the pertaining addresses and contact information.

Thank you,

Claudio A. Ferrer Adventure Moto LLC 2000 APR -4 PM 3: 42 SECRETARY OF STATE AND ASSEE, FLORIDA

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: Advanture Moto 60414900062
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a 5010 propietor ship. (Enter entity type. Example: corporation, limited partnership, sole proprietorship,
(Enter entity type. Example: corporation, limited partnership, sole proprieto ship, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of <u>FLORIDA</u> (Enter state, or if a non-U.S. entity, the name of the country)
on 5/19/04
(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:
Adventure Moto 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 modocument is filed by the Florida Department of Seffective date listed in the attached Articles of Orlisted therein.)	ore than 90 days after the d State; <u>AND</u> 2) must be the s	ate this same as the	
Signed this 15 day of April	20 08		
Signature of Authorized Person:	morfon		
Printed Name: CLAVOIO FERRER Title:	OWNER / MEMBER		
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)	2008 APR -4 PM 3: 42 SECRETARY OF STATE TALLAHASSEE.FLORIDA	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

	enture Moto Landred Company," the ab			
ARTICLE II - A The mailing addr Liability Compar	ess and street address of the pr	rincipal office of the Limited		
Principal Office	Address:	Mailing Address:		
901 S. Mili West Palm	Lary Trail Suite A4 Beach FL 33415	901 S. Military Trail 5te At West Palm Beach FL 33415		
Signature: (The Limited Liability individual or another business entity with a	Registered Agent, Registered Company cannot serve as its own Regis n active Florida registration.) e Florida street address of the n	tered Agent. You must designate and SEE FLORE STARY OF ST		
CLAUDIO FERRER				
Name 901 S. Mil. Lary Trail Suite A 4 Florida street address (P.O. Box NOT acceptable)				
	West Palm Blach City, Stat	FL 334/5		
	Chy, Stat	e, and Zip		
	5 5	o accept service of process for the acce 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:
<u>MGR</u>	CLAUDIO FERRER 901 S. Military Trail Ste. AY West folm Black FL 33415
MGR	NATALIA FERRER 901 S. Military Trail Ste A4 West Palm Beach FL 33415
ARTICLE V: Effective date, if other than the d	(Use attachment if necessary) RE AS
(The effective date: 1) cannot be prior to no document is filed by the Florida Department the effective date listed in the attached Cerdate is listed therein.)	r more than 90 days after the date this to f State; AND 2) must be the same as
REQUIRED SIGNATURE:	
Signature of a member or an auth	orized representative of a member.
of this document constitutes an affir	8(3), Florida Statutes, the execution mation under the penalties of perjury ed herein are true.)
CLAUDIO A Typed or printe	FERRER
Typed or printe	d 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)