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SECKETARY OF STATE
TALLAHASSEE, FLORIC

T. HAMPTON

MAY 1 5 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: NEWMAR ENTERPRIS	SES, LLC
(Name of Resulting	Florida Limited Company)
The enclosed Certificate of Conversion, Asconvert an "Other Business Entity" into a accordance with s. 608.439, F.S.	rticles of Organization, and fees are submitted to 'Florida Limited Liability Company" in
Please return all correspondence concerning	g this matter to:
DANIEL MARZANO	
(Contact Person)	
(Firm/Company)	
2040 N.E. 22 STREET	
(Address)	
WILTON MANORS, FLORIDA 33305	
(City, State and Zip Code)	
For further information concerning this ma	tter, please call:
DANIEL MARZANO	at (305) 817-2170
(Name of Contact Person)	(Area Code and Daytime Telephone Number)
Enclosed is a check for the following amou	nnt:
■ \$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 \$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314
Tallahaceaa El 22201	

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: NEWMAR ENTERPRISES, INC.
(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)
NOVEMBER 26, 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:
NEWMAR ENTERPRISES, LLC (Enter Name of Florida Limited Liability Company)

5. If not effective on the date of filing, enter the (The effective date: 1) cannot be prior to nor document is filed by the Florida Department effective date listed in the attached Articles of listed therein.)	more than 90 days after the date this of State; <u>AND</u> 2) must be the same as the
Signed this day of	20_ <i>08</i>
Signature of Authorized Person:	legens
Printed Name: <u>PAN MARCANO</u> Tit	le:
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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nai	me:	
The name of the L	imited Liability Company is:	
NEWMAR EN (Must end with the word "LLC.")	TERPRISES, LLC s "Limited Liability Company," the abb	previation "L.L.C.," or the designation
ARTICLE II - Ad The mailing address Liability Company	ss and street address of the pri	incipal office of the Limited
Principal Office A	Address:	Mailing Address:
2040 N.E. 22 STRE WILTON MANORS.		2040 N.E. 22 STREET WILTON MANORS, FLORIDA 33305
Signature: (The Limited Liability Condividual or another business entity with an	egistered Agent, Registered ompany cannot serve as its own Registered active Florida registration.) Florida street address of the registration active florida street address of the registration.	
	DANIEL MARZANO	
	Name 14211 COMMERCE WAY #300	
	Florida street address (P.O.	Box NOT acceptable)
	MIAMI LAKES	FL 33305
	City, State	, and Zip
above stated limit hereby accept capacity. I furth the proper and c accept the obli	ted liability company at the pla the appointment as registered er agree to comply with the pro complete performance of my di	ovisions of all statutes relating to uties, and I am familiar with and stered agent as provided for in

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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:

"MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	PETER MARZANO III
	442 RIVERVIEW LANE
	MELBOURNE BEACH, FL 32951
MGRM	DODD A NEWCOMBE
MGINW	RODD A. NEWCOMBE 442 RIVERVIEW LANE
	MELBOURNE BEACH, FL 32951
MGRM	DANIEL MARZANO
	2040 N.E. 22 STREET
	WILTON MANORS, FLORIDA 33305
	(Use attachment if necessary)
	n the date of filing:
ective date: 1) cannot be prior nt is filed by the Florida Depar	(OPTIONAL) to nor more than 90 days after the date this tment of State; <u>AND</u> 2) must be the same as ed Certificate of Conversion, if an effective
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