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Special Instructions to Filing Officer:

L. SELLERS

MAY 28 2008

EXAMINER

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SECRETARY OF STATE

FILED

COVER LETTER

| TO: | Registration Division of C | | | |
|---|--|--|------------------------------------|---|
| SUBJI | ECT: <u>HENF</u> | RED INTERNAT | ONAL # 2 LL | |
| conver | | cate of Conversion, Au usiness Entity" into a | rticles of Organiz | mpany) ation, and fees are submitted to Liability Company" in |
| Please | return all corr | respondence concernin | g this matter to: | |
| HENR | Y LEON | | | |
| | | (Contact Person) | | • |
| HENTH | (EU INTERNAT | (Firm/Company) | | |
| 4165 N | W 132 ST. BA | Y "K" | | |
| | | (Address) | — 4 . | |
| OPA-LO | OCKA FLORID | A, FL. 33054 City, State and Zip Code) | · | |
| | , | , Same and Esp (0040) | | |
| For fur | ther informati | on concerning this ma | tter, please call: | |
| LIBAR | O VILLALBA | | at (954 | 588-7024 |
| | (Name of Conta | act Person) | (Area Code | and Daytime Telephone Number) |
| Enclos | ed is a check f | for the following amou | int: | |
| (\$25 for | .00 Filing Fees Conversion for Articles nization) | \$155.00 Filing Fees and Certificate of Status | \$180.00 Filing and Certified Copy | |
| STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | | Registra Division P. O. Bo | NG ADDRESS: ation Section in of Corporations ox 6327 ssee, FL 32314 |

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: HENFRED INTERNATIONAL # 2 INC. |
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a INC. |
| (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) |
| on 05/03/2005 |
| (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: |
| HENFRED INTERNATIONAL # 2 LLC |
| (Enter Name of Florida Limited Liability Company) |

B MAY 27 PM 3:

5. If not effective on the date of filing, enter the effective date: 04/23/2008 (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.)

__ day of ____

Signature of Authorized Person:

Fees:

Certificate of Conversion: \$25.00

Fees for Florida Articles of Organization: \$125.00

Certified Copy: \$30.00 (Optional)

Certificate of Status: \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company HENFRED INTERNATIONAL # 2 I (Must end with the words "Limited Liability Company," the "LLC.") ARTICLE II - Address: The mailing address and street address of the Liability Company is: | LC e abbreviation "L.L.C.," or the designation |
|--|--|
| Principal Office Address: | Mailing Address: |
| HENRY LEON | 4165 NW 132 ST. BAY "K" OPALOCKA FL 33054 |
| ARTICLE III - Degistered Agent Degister | red Office, & Registered Agent's |
| Signature: (The Limited Liability Company cannot serve as its own Reindividual or another business entity with an active Florida registration.) The name and the Florida street address of the HENRY LEON | egistered Agent. You must designate an |
| Signature: (The Limited Liability Company cannot serve as its own Reindividual or another business entity with an active Florida registration.) The name and the Florida street address of the HENRY LEON | egistered Agent. You must designate an are registered agent are: |
| Signature: (The Limited Liability Company cannot serve as its own Reindividual or another business entity with an active Florida registration.) The name and the Florida street address of the HENRY LEON Na 4165 NW 132 ST. BAY "K" | egistered Agent. You must designate an are: ne registered agent are: nme OPALOCKA |
| Signature: (The Limited Liability Company cannot serve as its own Reindividual or another business entity with an active Florida registration.) The name and the Florida street address of the HENRY LEON Na 4165 NW 132 ST. BAY "K" | egistered Agent. You must designate an are registered agent are: |
| Signature: (The Limited Liability Company cannot serve as its own Reindividual or another business entity with an active Florida registration.) The name and the Florida street address of the HENRY LEON Na 4165 NW 132 ST. BAY "K" Florida street address (P. | egistered Agent. You must designate an me registered agent are: ame OPALOCKA O. Box NOT acceptable) FL 33054 |
| Signature: (The Limited Liability Company cannot serve as its own Reindividual or another business entity with an active Florida registration.) The name and the Florida street address of the HENRY LEON Na 4165 NW 132 ST. BAY "K" Florida street address (P. | egistered Agent. You must designate an me registered agent are: ame OPALOCKA O. Box NOT acceptable) |

(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 "MGRM" = Managing Member | Name and Address: |
|---|--|
| MERM. | Herry Lean |
| | SILE V. W. 132 Of A LOCKA BAY K |
| | |
| | (Use attachment if necessary) |
| ment is filed by the Florida Departme | date of filing: (OPTIONAL) or more than 90 days after the date this nt of State; <u>AND</u> 2) must be the same as ertificate of Conversion, if an effective |
| REQUIRED SIGNATURE: | |
| (In accordance with section 608.4 of this document constitutes an aff | thorized representative of a member. 108(3), Florida Statutes, the execution irmation under the penalties of perjury ated herein are true.) |
| Henry Lean | / |

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)