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SECRETARY OF STATE SIVISION OF CORPORATIONS

J. BRYAN

JUN 17 2008

**EXAMINER** 

### COVER LETTER

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TO: Registration Section Division of Corporations		
SUBJECT: SOUTH AMERICA INDI	USTRIAL SUPPL	Y INC.
	Florida Limited Company)	
The enclosed Certificate of Conversion, Art convert an "Other Business Entity" into a "accordance with s. 608.439, F.S.		
Please return all correspondence concerning	g this matter to:	
EDITH RODRIGUEZ		
(Contact Person)		
SOUTH AMERICA INDUSTRIAL SUPPLY INC	,LLC	
(Firm/Company)		
14339 SW 142 Street		
(Address)		
MIAMI, FL 33186		
(City, State and Zip Code)		
For further information concerning this man	tter, please call:	
EDITH RODRIGUEZ	at ( 305 ) 254	-7369
(Name of Contact Person)	(Area Code and D	aytime Telephone Number)
Enclosed is a check for the following amou	nt:	
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)  \$\$(\$25 for Articles) \$\$(\$25 for Articles) \$\$(\$3155.00 Filing Fees) \$	☐\$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 Tallahassee, FL 32301	MAILING A Registration Division of O P. O. Box 63 Tallahassee,	Section Corporations 27

## 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: SOUTH AMERICA INDUSTRIAL SUPPLY INC. # PO20					
(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.)					
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 October 10, 2002 .					
(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:					
SOUTH AMERICA INDUSTRIAL SUPPLY ,, LLC					
(Enter Name of Florida Limited Liability Company)					

5. If not effective on the date of filing, enter the effective date: 1) cannot be prior to nor medocument is filed by the Florida Department of effective date listed in the attached Articles of O listed therein.)	ore than 90 days after the date this State; <u>AND</u> 2) must be the same as th	ie
Signed this 12 day of June	2008	
Signature of Authorized Person: Theki	15 as Z	
Printed Name: Edith Rodrigue Gritle	: President	98. 31VIE
		08 JUN 16
Fees:	•	OF STATENS ORPORATIONS PH 4: 1.1:
Certificate of Conversion: Fees for Florida Articles of Organization: Certifical Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	<del>.</del> 85

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

ARTICLE I - Name: The name of the Limited Liability Company  SOUTH AMERICA INDUSTRIAL S  (Must end with the words "Limited Liability Company," the "LLC.")	UPPLY, LLC	. <b>Q</b>
ARTICLE II - Address: The mailing address and street address of the Liability Company is:	principal office of the Limited	
Principal Office Address:	<b>Mailing Address:</b>	
14339 SW 142 STREET MIAMI, FL 33186	14339 SW 142 STREET MIAMI, FL 33186	<b>-</b> -
ARTICLE III - Registered Agent, Register 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	gistered Agent. You must designate an	SECRETARY SECRETARY ON JUN 16
INGRID POSSO		ر و سيا
Na 2717 SE 15th PL	ime	PH 4
Florida street address (P.	O. Box NOT acceptable)	RATIONS L: 1-1
HOMESTE	AD, FL 33035	0,
City, S	tate, and Zip	
Having been named as registered agent and	d to accept service of process for th	e

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:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Memb	per
MGRM	EDITH RODRIGUEZ
	12923 SW 207 TERR
	MIAMI, FL 33177
	<u> </u>
MGRM	RODOLFO GALLO
	12923 SW 207 TERR
	MIAMI, FL 33177
	<del></del>
	<b>08</b> 18 18 18 18 18 18 18 18 18 18 18 18 18
	The state of the s
	(Use attachment if necessary)
CLE V: Effective date, if other	than the data of filing:
DE V. Effective date, if other	(OPTIONAL)
factive date: 1) connet be n	rior to nor more than 90 days after the date this
	epartment of State; AND 2) must be the same as
	ached Certificate of Conversion, if an effective
listed therein.)	iched Certificate of Conversion, if an effective
nsted therein.)	
REQUIREDSIGNATURE	

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.)

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)