# L08000068159

(Requestor's Name)
(Address)
(Address)
· · · ·
(City/State/Zip/Phone #)
(Only Otalic Ziph Hote #)
PICK-UP WAIT MAÎL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
•
·

Office Use Only



000131641080

06/30/08--01046--023 \*\*150.00



July 1, 2008

LUIS R. SMITH JESSEL INVESTMENTS LLC 11402 NW 41ST STREET, SUITE 211 DORAL, FL 33178

SUBJECT: SCANNO GROUP LLC Ref. Number: W08000031513

We have received your document for SCANNO GROUP LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must state the effective date of the conversion. The effective date 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 of the conversion under the laws governing the other business entity.

The name in #4 on the Certificate of Conversion must match the name in the Articles. Are you wanting to convert Scanno Group Inc into Scannon Group LLC?

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) 245-6067.

Letter Number: 808A00039281

Neysa Culligan Document Specialist

# **COVER LETTER**

TO:	Registration Division of C			
SUBJ	ECT: SCAN	NO GROUP LLC		
		(Name of Resulting	Florida Limited Company	)
conve		usiness Entity" into a '	rticles of Organization, 'Florida Limited Liabi	, and fees are submitted to lity Company" in
Please	e return all corr	espondence concernin	g this matter to:	
LUIS	R. SMITH			
		(Contact Person)		
JESSE	L INVESTMEN	<del></del>		
		(Firm/Company)		
11402	NW 41ST ST. 5	STE 211		
		(Address)		
DORA	L, FL. 33178	City, State and Zip Code)		
For fu	rther informati	on concerning this ma	tter, please call:	
LUIS.	R. SMITH		at ( 305 ) 4703	2429 / (305)5424776
	(Name of Conta	act Person)		aytime Telephone Number)
Enclo	sed is a check t	for the following amou	int:	
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles unization)	\$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
Regist Divisi Clifton 2661 I	CET ADDRES cration Section on of Corporat n Building Executive Cent passee, FL, 323	ions er Circle	MAILING A Registration S Division of C P. O. Box 63: Tallahassee,	Section Corporations 27

#### **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.

<ol> <li>The name of the "Other Business Entity" imm</li> </ol>	ediately prior to the filing of this
Certificate of Conversion is: SCANNO GROUF エN C	P05-101879.
(Enter Name of Other	Business Entity)
2. The "Other Business Entity" is a <u>SCANNO GR</u> (Enter entity type. Example: corporation, li general partnership, common l	mited partnership, sole proprietorship,
first organized, formed or incorporated under the	laws of FLORIDA STATE
(Enter state, or if a non-U.S. entit	
on <u>07/20/2005</u> . (Enter date "Other Business Entity" was fir	st organized, formed or incorporated)
3. If the jurisdiction of the "Other Business Entituder the laws of which it is now organized, form	•
FLORIDA STATE	*
4. The name of the Florida Limited Liability Con Articles of Organization:	npany as set forth in the attached
SCANNO GROUP LLC	
(Enter Name of Florida Limi	ted Liability Company)
5. If not effective on the date of filing, enter the cannot be prior to nor a document is filed by the Florida Department of 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 8 day of JULY	20 <u> 08</u>
Signature of Member or Authorized Represents	tive of Limited Liability Company:
Signature of Member or Authorized Representative Printed Name: PAFRIZIA ABELLI	Title: PRESIDENT
Signature(s) on behalf of Other Business Entity:	See below for required signature(s).]
Signature: Printed Name: CESAR YOUKHADAR	Title: VICE-PRESIDENT
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
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 - Nan The name of the Li	<b>ne:</b> mited Liability Con	npany is:	
SCANNO GF	ROUP LLC		
(Must end with the words "LLC.")	"Limited Liability Compa	any," the abbro	eviation "L.L.C.," or the designation
ARTICLE II - Ad	dress:		
The mailing address Liability Company		of the prin	cipal office of the Limited
Principal Office A	ddress:		Mailing Address:
11271 NW 75 LANE			11271 NW 75 LANE
DORAL, FL. 33178			DORAL, FL. 33178
Signature: (The Limited Liability Coindividual or another business entity with an a		own Registered	Office, & Registered Agent ed Agent. You must designate an gistered agent are:
	11271 NIM 75 LAN	Name	
	Florida street addre		ox NOT acceptable)
	DORAL		FI. 33178 `

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)

City, State, and Zip

(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:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Mer	mher
Wildiam Wanaging Wie	
MGR	PATRIZIA ABELLI
	11271 NW 75 LANE
	DORAL. FL. 33178
MGR	CESAR YOUKHADAR
	11271 NW 75 LANE
	DORAL, FL. 33178
	(Use attachment if necessary)
	07/09/0000
CLE V: Effective date, if oth	er than the date of filing: 07/08/2008
Castive date: 1) connet he	(OPTIONAL) prior to nor more than 90 days after the date this
•	Department of State; AND 2) must be the same as
	ttached Certificate of Conversion, if an effective
listed therein.)	,
	_
REQUIRED SIGNATUR	ı <b>E</b> ;
	( ) ( \lambda_{\cute{t}} \tau_{\cute{t}} \cdot \)
Signature of a member	or an authorized representative of a member.
Signature of a premoer	of an authorized representative of a member.
	ction 608.408(3), Florida Statutes, the execution
of this document constit	tutes an affirmation under the penalties of perjury

PATRIZIA ABELLI

Typed or printed name of signee

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)