108000086418

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
,		
PICK-UP WAIT MAIL		
(Dugin one Entity Mary a)		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



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SECRETARY OF STATE

T. CLINE

SEP 1 1 2008

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 4, 2008

ORA KLEIN 1910 SWEETBAY WAY HOLLYWOOD, FL 33019

SUBJECT: AARMAT LLC Ref. Number: W08000041133

We have received your document for AARMAT LLC and check(s) totaling \$300.00. However, your check(s) and document are being returned for the following:

The amount due for the conversion is \$150.00.,

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.

Tammi Cline Regulatory Specialist II

Letter Number: 708A000487

COVER LETTER

TO: Registration Section Division of Corporations
. ^
SUBJECT: Harmat LCC
(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:
(Contact Person) Agrmst LL((Firm/Company) 1910 Sweetbay WA/ (Address) Hollywood F-1 33019 (City, State and Zip Code)
(Contact Person)
Agrmst LLC
(Firm/Company)
1910 Sweetbay WAI
(Address)
Hollywood F1 33019
(City, State and Zip Code)
For further information concerning this matter, please call:
For further information concerning this matter, please call: Service Clein 289 6638 Service (Area Code and Daytime Telephone Number) Service Service Enclosed is a check for the following amount:
Name of Contact Person) at (201) 289 6638 55 (Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount:
\$150.00 Filing Fees (\$25 for Conversion and Certificate of Status) \$125 for Articles of Organization) \$150.00 Filing Fees and 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

Tallahassee, FL 32301

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: Aarmat LLC			
(Enter Name of Other Business Entity)			
2. The "Other Business Entity" is a Part nership. (Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.) New Jersey (Enter state, or if a non-U.S. entity, the name of the country)			
on June 15 2006. (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: A a r m a + L L C			
(Enter Name of Florida Limited Liability Company)			
5. If not effective on the date of filing, enter the effective date: (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.)			

• •	•			
Signed this 28 day of 14945+	20_0 8 .			
Signature of Member or Authorized Represent	ative of Limited Liability Comp	any:		
Signature of Member or Authorized Representative Printed Name: ORA LIQIA	e:			
Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]				
Signature: Printed Name: Jerry Klein Signature:	Title: # TREASARE			
Signature:Printed Name:	Title:			
Signature:Printed Name:	Title:			
Signature:Printed Name:				
Signature:Printed Name:				
Signature:Printed Name:	_ Title:			
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign. If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.				
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.				
All others: Signature of an authorized person.	; ;	TAN ME		
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)	SEP 10 PM 1: 24		

4.50

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company Armat LLC (Must end with the words "Limited Liability Company," the "LLC.")	
ARTICLE II - Address: The mailing address and street address of th Liability Company is:	e principal office of the Limited
Principal Office Address:	Mailing Address:
1910 Sweetbay WAY Hollywood FL 33019	SAME
ARTICLE III - Registered Agent, Registered Signature: (The Limited Liability Company cannot serve as its own Rindividual or another business entity with an active Florida registration.)	
The name and the Florida street address of t	
Jerry	16/ein
1910 Sue	ICLEIN ame +bay WA' They WA' The
Florida street address (F	P.O. Box NOT acceptable)
Hollswood	FL 330/9
City, S	State, and Zip
Having been named as registered agent an above stated limited liability company at the hereby accept the appointment as regist	e place designated in this certificate, I

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) 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: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	ORA Klein 1910 Sweetbay Way
	1910 Sweet bay WAY 170111WOOD FL 33019
MGRM	Jerry Klein 1910 Sweetbay Way Holly word FL 33019
ARTICLE V: Effective date, if other than the d	
(The effective date: 1) cannot be prior to not document is filed by the Florida Department the effective date listed in the attached Cerdate is listed therein.)	of State; <u>AND</u> 2) must be the same as tificate of Conversion, if an effective
REQUIRED SIGNATURE:	PH 1: 24 OF STATE OF LORID
Signature of a member or an auth	orized representative of a member.
(In accordance with section 608.40) of this document constitutes an affirm that the facts state Orry // E Typed or printed	8(3), Florida Statutes, the execution mation under the penalties of perjury d herein are true.)
Filing Fees:	
\$125.00 Filing Fee for Articles of O	erganization and Designation

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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