

L080000089340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

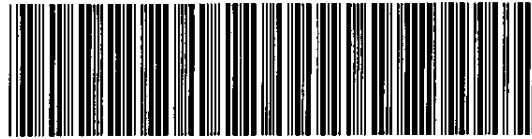
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000136032950

09/19/08--01014--009 **180.00

RECEIVED
08 SEP 19 AM 10:34
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
08 SEP 19 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

SEP 19 2008

EXAMINER

Charter Number Only

VALIDATION ONLY

9-17-08

Kravitz & TALAMO

Requester's Name

7600 W. 20 AVE. #213

Address

Hialeah FL 33016-1893

City

State

ZIP

Phone

(305) 558-5300

FILED
08 SEP 19 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION(S) NAME

SUPERIOR STAFFING & CARE SERVICES
CORP.

- | | | |
|---|--|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Annual Report | <input checked="" type="checkbox"/> Other conversion |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Will When Ready | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick-Up |
| <input type="checkbox"/> Walk In | | <input type="checkbox"/> Mail Out |

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

CR2E031 (R8-85)


Empire Toll Free: 1-800-432-3028

CERTIFICATE OF CONVERSION
For
"Other Business Entity"
Into
Florida Limited Liability Company

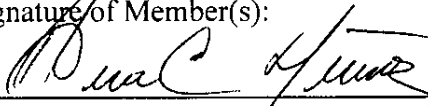
FILED
08 SEP 19 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


This Certificate of Conversion and attached Articles of Organization are submitted to convert "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: **SUPERIOR STAFFING & CARE SERVICES CORP.**
2. The "Other Business Entity" is a corporation, first incorporated under the laws of the State of Florida on September 4, 2008. PO8000081787
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: **N/A**
4. The name of the Florida Limited Liability Company set forth in the attached Articles of Organization is: **SUPERIOR STAFFING & CARE SERVICES, LLC**
5. The effective date of this Certificate is the 17th day of September, 20008.

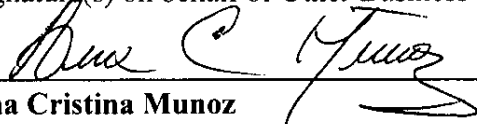
Signed this 17th day of September, 20008.

SUPERIOR STAFFING & CARE SERVICES, LLC
Signature of Member(s):


Ana Cristina Munoz, Managing Member


Mayra Morazan, Managing-Member

SUPERIOR STAFFING & CARE SERVICES CORP.
Signature(s) on behalf of Other Business Entity


Ana Cristina Munoz
President

Prepared by:
The Law Offices of Kravitz & Talamo, LLP
Javier Talamo, Esq.
7600 W. 20th Ave. #213
Hialeah, FL 33016

Fla. Bar # 0721808

FILED
08 SEP 19 PM 1:45
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION

SUPERIOR STAFFING & CARE SERVICES, LLC

A FLORIDA LIMITED LIABILITY COMPANY

(Pursuant to Chapter 608, Florida Statutes)

1. **Name.** The name of the limited liability company is **SUPERIOR STAFFING & CARE SERVICES, LLC**

2. **Purpose.** The purpose of this limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the state of Florida.

3. **Address of Principal Office.** The street address of the principal office of the limited liability company is:

7500 NW 25 ST., SUITE 215, MIAMI, FL 33122

4. **Mailing Address.** The mailing address of the limited liability company is:

7500 NW 25 ST., SUITE 215, MIAMI, FL 33122

5. **Management.** The limited liability company is to be managed by one or more members and is, therefore, a member-managed company. Their names are as follows:

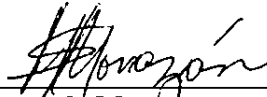
Ana Cristina Munoz	Managing Member	12551 W. Okeechobee Road Hialeah, Florida 33018
---------------------------	------------------------	--

Mayra S. Morazan	Managing Member	120 SW 65Avenue Miami, Florida 33144
-------------------------	------------------------	---

6. **Registered Agent, Registered Office, and Registered Agents Signature.** The name and the Florida street address of the registered agent is:

**Mayra S. Morazan
120 SW 65Ave.
Miami, Florida 33144**

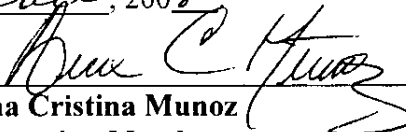
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this Certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.



Mayra S. Morazan
Registered Agent

7. **Effective Date.** The effective date of the limited liability company shall be the date of filing unless otherwise stated below:

Executed this 17th day of September, 2008



Ana Cristina Munoz
Managing Member



Mayra S. Morazan
Managing Member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true and correct.)