L08000104150

(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:				
Chick both Attens 408A 0005,569				
408A 00051569				

Office Use Only



300137125983

11/04/08--01021--006 **56.25

10/22/08--01032--011 **128.75



S. HAWKES NOV 7 2008 EXAMINER

4118-48576



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 22, 2008

DENISE DEMAURO 700 ATLANTIS ROAD, #301 MELBOURNE, FL 32904

SUBJECT: NYETRONICS INTERNATIONAL, LLC

Ref. Number: W08000048576

We have received your document for NYETRONICS INTERNATIONAL, LLC and your check(s) totaling \$128.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted incorrect filing forms for your Limited Liability Corporation.

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of 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) 245-6921.

Maryanne Dickey Document Specialist Supervisor New Filing Section

Letter Number: 508A00054719

Enclosed is check#

bor \$56.25 to make up

the difference on my other

check. Thank you Din

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

то:	Registration S Division of C				
SUBJ	ест: <u>///</u> /	FTRONICS (Name of Resulting	Florida Limited Company)	ADONAL LILE	
conve		siness Entity" into a "	ticles of Organization, Florida Limited Liabil	and fees are submitted to ity Company" in	
Please	return all corre	espondence concerning	g this matter to:		
De	nise t	(Contact Person)	Demao	70	
NY	ETRON	(Firm/Company)	ONDONAL	Like.	
700	At/AM	Address)	B106301		
Molbourne, Fl 32907 (City, State and Zip Code)					
For fu	rther information	on concerning this ma	tter, please call:		
<u> </u>	(Name of Conta	Demaurz et Person)	2at (<u>30)</u> 4 (Area Code and Da	31-8355 Lytime Telephone Number)	
Enclos	sed is a check for	or the following amou	nt:		
(\$25 for & \$125	0.00 Filing Fees r Conversion for Articles nization)	\$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	
STRE	ET ADDRESS	S:	MAILING A	ADDRESS:	
Registration Section		Registration Section			
Division of Corporations			Division of Corporations		
Clifton Building		P. O. Box 6327			

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company



1. The name of the "Other Business Entity" immediately prior to the filing of this
Certificate of Conversion is: Nyetronias International L. L.C., (Enter Name of Other Business Entity) M980000
` ' ' '
2. The "Other Business Entity" is a <u>Nyetronics</u> <u>Internation</u> (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 AHAMA, (Enter state, or if a non-U.S. entity, the name of the country)
on February 7th 1996 (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:
SAML
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Mystronias International, LLC (Enter Name of Florida Limited Liability Company)
5. If not effective on the date of filing, enter the effective date: 2/7/9/. (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 27 day of 20 18.						
Signature of Member or Authorized Representative of Limited Liability Company:						
Signature of Member or Authorized Representative: Alening Manual Printed Name: Denise Demous Title: Director						
Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]						
Signature: Vincent De Mar Printed Name: Vincent De Mar	Marile: Director					
Signature:Printed Name:						
Signature:Printed Name:	Title:					
Signature:Printed Name:						
Signature:Printed Name:	Title:					
Signature:Printed Name:						
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.						
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

(Must end with the words "Lin"LLC.")	mited Liability Company," the abl	nreviation "L.L.C.," or the designation	IC.
ARTICLE II - Addre The mailing address an Liability Company is:	•	incipal office of the Limited	
Principal Office Add	ress:	Mailing Address:	
700 AtlA BIDG 301 Melbour	ntis Rd PU, FL 32909	Same	<u>_</u> _
		-	
Signature:	stered Agent, Registered	Office, & Registered Agent ered Agent. You must designate and	8
Signature: (The Limited Liability Compaindividual or another business entity with an active	stered Agent, Registered	ered Agent. You must designate and	9- NON 80
Signature: (The Limited Liability Compaindividual or another business entity with an active The name and the Flor RLEY PARTIN WHITAKER Attorney at Law N. Wickham Road Suite 205	itered Agent, Registered iny cannot serve as its own Registe Florida registration.) ida street address of the re	ered Agent. You must designate and or control of the control of th	08 NOV -6 PH 12
Signature: (The Limited Liability Compaindividual or another business entity with an active The name and the Flor RLEY PARTIN WHITAKER Attorney at Law N. Wickham Road Suite 205	stered Agent, Registered iny cannot serve as its own Registration.) e Florida registration.) ida street address of the re	ered Agent. You must designate and or control of the control of th	08 NOV -6 PH
Signature: (The Limited Liability Compaindividual or another business entity with an active The name and the Flor RLEY PARTIN WHITAKER Attorney at Law N. Wickham Road, Suite 205-delbourne, Florida 32935	itered Agent, Registered iny cannot serve as its own Registe Florida registration.) ida street address of the re	ered Agent. You must designate and designate	08 NOV -6 PH 12

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) 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:						
Denise Doma uro	PARRAY FRANKS						
Vincent Demauro	1774 Phototion CRSE Palm Bay, FC						
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 2/7/9/05. 57							
(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; <u>AND</u> 2) must be the same as the effective date listed in the attached Certificate of Conversion, if an effective date is listed therein.)							
REQUIRED SIGNATURE: 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

Typed or printed name of signee

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Page 2 of 2