(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:				
L. SELLERS				
FEB -3 2009				
EXAMINER				
- ANIIIVEIT				
0000				

Office Use Only



800141380538

01/21/09--01025--021 **180.00

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COVER LETTER

TO: Registration S			
Division of C SUBJECT:	exi En	ios Sei	rvices LLC
	(Name of Resulting	Florida Limited Company)	
The enclosed Certific convert an "Other Bu accordance with s. 60	isiness Entity" into a "	ticles of Organization, Florida Limited Liabil	and fees are submitted to ity Company" in
Please return all corr	espondence concernin	g this matter to:	
ttee	(Contact Person)	brow of	
Mexi	ENVIOS (Firm/Company)	Senui	ces
253 N	E845		
Done	(Address)	FL 530	50
	City, State and Zip Code)		
For further informati	on concerning this ma	tter, please call:	
(Name of Contr	act Person)	at (505) Z	aytime Telephone Number)
Enclosed is a check t	for the following amou	int:	
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$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
STREET ADDRESS:		MAILING A	

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



January 22, 2009

HECTOR LEBRON 253 NE 8TH STREET HOMESTEAD, FL 33030

SUBJECT: MEXI ENVIOS SERVICES LLC

Ref. Number: W09000003403

We have received your document for MEXI ENVIOS SERVICES LLC and your check(s) totaling \$180.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date of the conversion 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 listed in the Florida Articles of Organization, if any.

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) 245-6967.

Letter Number: 909A00002426

Leslie Sellers Regulatory Specialist II

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:
Mexi Envios Senuices
(Enter Name of Other Business Entity)
to the
2. The "Other Business Entity" is a Field Thous WAME.
(Enter entity type. Example: corporation, limited partnership, sole proprietorship,
general partnership, common law or business trust, etc.)
and the second s
first organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
\sim \sim
on 1/4/1/14 PM 16/2009
on AMARY LE 2009' (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:
MCXI- ENVISE SONVICES LLC.
MICKI-FUVIUS SCHVIUS LCC.
(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.)
motor thotoles,

Page 1 of 2

Signed this 16th day of Jawany	
Signature of Member or Authorized Represent	ative of Limited Liability Company:
Signature of Member or Authorized Representativ	7/4 01
Printed Name: HecTon Lebron	Title: PresideNT
Signature(s) on behalf of Other Business Entity:	
Signature: N / 150	
Signature: Meston Le hour	Title: PnesideVT
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	7.
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 In-	corporator must sign.
<u>If Florida General Partnership or Limited Liabili</u>	ty Partnership:
Signature of one General Partner.	
<u>If Florida Limited Partnership or Limited Liabili</u>	ty Limited Partnership:
Signatures of ALL General Partners.	
All others;	
Signature of an authorized person.	
Fees:	
Certificate of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation

ARTICLE I - Name:

The name of the Limited Liability Company is:

rincipal Office Address:	Mailing Address:
253 NE 8th ST	Smal
HONESTERDIFL 330	70
	Registered Office, & Registered Agent's
ignature: The Limited Liability Company cannot serve as its	g over Davistand Asset Vou must designed
The Limited Liability Company cannot serve as madividual or another	s own Registered Agent. You must designate an
business entity with an active Florida registration.)
The name and the Florida street address	Cal 1 -/ - 4
the name and the Florida street address	ss of the registered agent are:
Htot	
-f-lecto	10 LOBRON
	Name
762 116	740 6
Z53NE	849 S /
Z53 NE Florida street addr	ress (P.O. Box <u>NOT</u> acceptable)
Z53 NE Florida direct addr	ress (P.O. Box <u>NOT</u> acceptable)
Homasi	ress (P.O. Box <u>NOT</u> acceptable) OND FL 37030 City, State, and Zip

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 Manager and address of each Manager	naging Member(s): ager or Managing Member is as follows:
Title: "MGR" = Manager /"MGRM" = Managing Member	Name and Address:
Nall Hactor Lebron	20100 SW 113hot MIAMI, FC 331 89
	(Use attachment if necessary)
ARTICLE V: Effective date, if other than th	e date of filing:
(The effective date: 1) cannot be prior to document is filed by the Florida Department the effective date listed in the attached date is listed therein.)	nor more than 90 days after the date this ent of State; <u>AND</u> 2) must be the same as
REQUIRED SIGNATURE: Heiler Labon: Signature of a member or an au	uthorized representative of a member.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

(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.)

Typed or printed name of signee

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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