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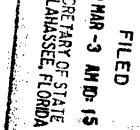
(Requestor's Name)			
(Address)			
(Address)			
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Bu:	siness Entity Nan	ne)	
(Dod	cument Number)		
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



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03/03/09--01028--010 **150.00



B. KOHR

MAR - 4 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ECONOMIC ADVISOR	S, LLC alting Florida Limited Company)
The enclosed Certificate of Conversion	n, Articles of Organization, and fees are submitted to o a "Florida Limited Liability Company" in
Please return all correspondence conce	rning this matter to:
DINO FALASCHETTI	The state of the s
(Contact Person)	
ECONOMIC ADVISORS, LLC (Firm/Company)	
P.O. BOX 14145	
(Address)	
TALLAHASSEE, FL 32317	
(City, State and Zip Co	ode)
For further information concerning this	s matter, please call:
DINO FALASCHETTI	at (650) 391-5935
(Name of Contact Person)	(Area Code and Daytime Telephone Number)
Enclosed is a check for the following a	mount:
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$155.00 Filing F and Certificate of Status	tees \$180.00 Filing Fees and Certified Copy \$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

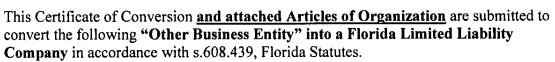
Certificate of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company



(Enter Name of	Other Business Entity)
2. The "Other Business Entity" is a	Reposation POSU 000
	tion, limited partnership, sole proprietorship,
	mon law or business trust, etc.)
first organized, formed or incorporated und	der the laws of FLORIDA
(Enter state, or if a non-U.S	S. entity, the name of the country)
on Aug. 18, 2008	
(Enter date "Other Business Entity"	was first organized, formed or incorporated)
(Enter date "Other Business Entity"	was first organized, formed or incorporated)
(Enter date "Other Business Entity" v 3. If the jurisdiction of the "Other Business	ss Entity" was changed, the state or country
(Enter date "Other Business Entity"	ss Entity" was changed, the state or country
(Enter date "Other Business Entity" v 3. If the jurisdiction of the "Other Business	ss Entity" was changed, the state or country
(Enter date "Other Business Entity" v 3. If the jurisdiction of the "Other Busines under the laws of which it is now organize 4. The name of the Florida Limited Liabil	ss Entity" was changed, the state or country ed, formed or incorporated:
(Enter date "Other Business Entity" v 3. If the jurisdiction of the "Other Busines under the laws of which it is now organize 4. The name of the Florida Limited Liabil Articles of Organization:	ity Company as set forth in the attached
(Enter date "Other Business Entity" v. 3. If the jurisdiction of the "Other Busines under the laws of which it is now organize 4. The name of the Florida Limited Liabil Articles of Organization: Economic Advisors	ity Company as set forth in the attached
(Enter date "Other Business Entity" v. 3. If the jurisdiction of the "Other Busines under the laws of which it is now organize 4. The name of the Florida Limited Liabil Articles of Organization: Economic Advisors	ity Company as set forth in the attached

Signed this 27 day of FEBRUARY	_20_ 09
Signature of Member or Authorized Representa	tive of Limited Liability Company:
Signature of Member or Authorized Representative Printed Name: DINO FALASCHETTI	Title: MGR + PRINCIPAL
Signature(s) on behalf of Other Business Entity:	See below for required signature(s).
Signature: D: J = DINO FALASCHETTI	Title: INCORPORATOR AND PREIDENT
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	corporator must sign.
If Florida General Partnership or Limited Liabili 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 - Name:

The name of the Limited Liability Company is:

ECONOMIC ADVISORS, & LLC

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

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

121 N MON	roe st
# 8002	

PO BOX 14145 TAMAHASSEE, FL 32317

TALLAHASSEE, FL 32301

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another

business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

DHO FALASCHETTI

Name

121 N MONROE , #8002

Florida street address (P.O. Box NOT acceptable

TALLAHASSEE

FL 3230

City, State, and Zip

Having been named as registered agent and to accept service of process of 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:
mgr	DINO FALASCHETTI 121 N MONROE ST # 8002 TRULAHASSEE, FL 32301
	
	(Use attachment if necessary)
TICLE V: Effective date, if other than the ne effective date: 1) cannot be prior to ne cument is filed by the Florida Department effective date listed in the attached Content is listed therein.) REQUIRED SIGNATURE:	(OPTIONAL) or more than 90 days after the date this nt of State; <u>AND</u> 2) must be the same as
D: 1=	
Signature of a member or an aut	horized representative of a member.
of this document constitutes an affi	08(3), Florida Statutes, the execution irmation under the penalties of perjury ted herein are true.)
DINO FALI	ASCHETTI ed name of signee
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)