

(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

MAR 18 2009

EXAMINER



Office Use Only



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SECRETARY OF STATE
AND ASSEE FLORIDA

COVER LETTER

TO: Registration S Division of C			
SUBJECT: Fro	Name of Resulting	I., LLC	•,,
	(Name of Resulting	Florida Limited Compar	ıy)
	isiness Entity" into a "	_	n, and fees are submitted to oility Company" in
Please return all corre	espondence concernin	g this matter to:	•
Makana	Fromwante		
	(Contact Person)		
		• .	
From Ete t	(Firm/Company)		•
2109 West	Boad		
2169 West	(Address)		
Jackson ville	FL 32210 City, State and Zip Code)	<u>, </u>	•
For further information	on concerning this ma	tter, please call:	
Makana Fron	ravante	at (847)	560·0HD
(Name of Conta	ct Person)	(Area Code and	Daytime Telephone Number)
Enclosed is a check for	or 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	S:	MAILING	ADDRESS:
Registration Section		Registration	
Division of Corporati	ons		Corporations
Clifton Building 2661 Executive Center	er Circle	P. O. Box 6 Tallahassee	327 s, FL 32314
Tallahassee, FL 3230	•		,



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 6, 2009

MAKANA FIORAVANTE 2169 WEST ROAD JACKSONVILLE, FL 32216

SUBJECT: FROM EYE TO I L.L.C. Ref. Number: W09000010717

We have received your document for FROM EYE TO I L.L.C. and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 608.4403, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by a member or an authorized representative of a member. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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.

Leslie Sellers Regulatory Specialist II

Letter Number: 909A00007802

Certificate of Conversion

For

"Other Business Entity"

nto

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: From Eye to I, Inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>Corporation</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 Florida
(Enter state, or if a non-U.S. entity, the name of the country)
on 12-14.07
(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:
From Eye to I, MAKE 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
Page 1 of 2
Page 1 of 2

R 18 AM 8: I

Signature of Member or Authorized Representative of Limited Liability Company: Signature of Member or Authorized Representative: Printed Name: Makana Fioravante Title: P-owner Signature(s) on behalf of Other Business Entity: [See below for required signature(s).] Signature: Printed Name: Makana Fromante Title: P-owner, Ceo, Charleman Signature: Printed Name:
Signature of Member or Authorized Representative: Printed Name: Makana Fi Oravante Title: P - owner Signature(s) on behalf of Other Business Entity: [See below for required signature(s).] Signature: Makana Fromante Title: P-owner, Ceo, Charleson Signature: Printed Name: Makana Fromante Title: Title: Title:
Printed Name: Makana Fioravante Title: P-owner Signature(s) on behalf of Other Business Entity: [See below for required signature(s).] Signature: Makana Fromante Title: P-owner, Coo, Charleson Signature: Printed Name: Title: Title:
Printed Name: Makana Fioravante Title: P-owner Signature(s) on behalf of Other Business Entity: [See below for required signature(s).] Signature: Makana Fromante Title: P-owner, Coo, Charleson Signature: Printed Name: Title: Title:
Signature(s) on behalf of Other Business Entity: [See below for required signature(s).] Signature:
Signature: Matana Fromante Title: Prower, Ceo, Charman Signature: Printed Name: Title: Title:
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Signatura
Signature:
Printed Name: Title:
Signature:
Printed Name: Title:
Signature:
Signature: Title:
Tribut Pario.
Signature:
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 Directors of 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 <u>ALL</u> General Partners.
All others:
Signature of an authorized person.
organical of an additionable position.
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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
From Eye to I, L.L.C. (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:
2169 West Rd -> Same
32-210 ->
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:
Makana Froravante
Makana Froravante Name 2169 West Road Floravante
Florida street address (P.O. Box NOT acceptable)
Jacksonville FL 32216 City, State, and Zip
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) Page 1 of 2
The state of the s

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	•
MGR	· Makana Froravante
	2169 West Rd
	Jacksonville. FL.
	32216
	
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	(Use attachment if necessary)
ent is filed by the Florida Departme	c date of filing:(OPTIONAL) nor more than 90 days after the date this ent of State; <u>AND</u> 2) must be the same as
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