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SECRETARY OF STATE

D. BRUCE

MAR 2 5 2009

EXAMINER

· COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Portofino Parc Builders (Name of Resulting	, LLC. Florida Limited Company)	
The enclosed Certificate of Conversion, Ar convert an "Other Business Entity" into a "accordance with s. 608.439, F.S.		
Please return all correspondence concernin	g this matter to:	
Larry M. Abbo		
(Contact Person)		
Portofino Parc Builders, LLC.		₹ <u>~</u> 9
(Firm/Company)		
4651 Sheridan Street Suite #480		AND
(Address)		388 187 178
Hollywood, Florida 33021		09 MAR 24 PM 2: 2 SECRETARY OF STAT LLAHASSEE, FLORI
(City, State and Zip Code)	<u> </u>	1 2: 1 2:
(3.3), 1 =p =-10,		三 2
For further information concerning this ma	attor place calls	DA W
For further information concerning this ma	iller, piease cair.	
Larry M. Abbo	at (954) 392-6	8788
(Name of Contact Person)	(Area Code and Da	ytime Telephone Number)
Enclosed is a check for the following amou	unt:	
\$\sqrt{150.00}\$ Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\sqrt{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: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING A Registration S Division of C P. O. Box 63: Tallahassee, 1	Section forporations 27

Tallahassee, FL 32301

Certificate of Conversion

For

"Other Business Entity"

Into

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.

(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a Corporation \$\int 050000487	
(Enter entity type. Example: corporation, limited partnership, sole prop	
general partnership, common law or business trust, etc.)	metorsmp,
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 January 13, 2005	
(Enter date "Other Business Entity" was first organized, formed or inco	rporated)
3. If the jurisdiction of the "Other Business Entity" was changed, the state or counder the laws of which it is now organized, formed or incorporated:	ountry
N/A	
4. The name of the Florida Limited Liability Company as set forth in the attac	hed
Articles of Organization:	
Articles of Organization:	·

Signed this	20_09
Signature of Member or Authorized Representa	ative of Limited)Liability Company:
Signature of Member or Authorized Representative Printed Name: <u>Larry M. Abbo</u>	Title: Managing Member
Signature(s) on behalf of Other Business Entity:	See below for required signature(s).
Signature: Printed Name: Larry M. Abbo	10
Printed Name: Larry M. Abbo	Title: Vice President
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
•	
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of If Directors or Officers have not been selected, an Inc.	Officer.
in Directors of Officers have not been selected, an inc	corporator must sign.
If Florida General Partnership or Limited Liabilit	ty Partnership:
Signature of one General Partner.	HAN T
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	12:23
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:

	C Builders, LLC. "Limited Liability Company	," the abbreviation "L.L.C.," or the designation	n
ARTICLE II - Add The mailing address Liability Company i	and street address o	f the principal office of the Limited	
Principal Office Ac	ddress:	Mailing Address:	
4651 Sheridan Street Hollywood, Florida 3		4651 Sheridan Street Suite Hollywood, Florida 33021	#4 <u>8</u> 0 +
	gistered Agent, Reg	istered Office, & Registered Ageï	it's
Signature: (The Limited Liability Corindividual or another business entity with an action The name and the Falling Corindividual or another falling Corindividual or another falling Corindividual Cor	npany cannot serve as its ov tive Florida registration.) lorida street address of Steven B. Greenfield 7000 West Palmetto	of the registered agent are: ESQ Name Park Road Suite #402	09 HAR 24 PM
Signature: (The Limited Liability Corindividual or another business entity with an action The name and the Falling Corindividual or another falling Corindividual or another falling Corindividual Cor	npany cannot serve as its ov tive Florida registration.) lorida street address of Steven B. Greenfield 7000 West Palmetto	of the registered agent are: ESQ Name	09 HAR 24 PM 2:2

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:

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Larry M. Abbo
	4651 Sheridan Street Suite #480 Hollywood, Florida 33021
MGRM	Fred Abbo
	4651 Sheridan Street_Suite #480
	Hollywood, Florida 33021
MGRM	Eva Abbo
	4651 Sheridan Street Suite #480
	Hollywood, Florida 33021
	(Use attachment if necessary)
ective date: 1) cannot be prior	n the date of filing: (OPTIONAL) to nor more than 90 days after the date this rtment of State; AND 2) must be the same as
ective date: 1) cannot be prior nt is filed by the Florida Depar ctive date listed in the attache	n the date of filing: (OPTIONAL) to nor more than 90 days after the date this
nt is filed by the Florida Depar	n the date of filing: (OPTIONAL) to nor more than 90 days after the date this rtment of State; AND 2) must be the same as
ective date: 1) cannot be prior nt is filed by the Florida Deparctive date listed in the attache isted therein.) REQUIRED SIGNATURE:	(OPTIONAL) to nor more than 90 days after the date this rement of State; AND 2) must be the same as
rective date: 1) cannot be prior nt is filed by the Florida Departive date listed in the attache isted therein.) REQUIRED SIGNATURE: Signature of a magnifier or an of this document constitutes a	(OPTIONAL) to nor more than 90 days after the date this rement of State; AND 2) must be the same as ed Certificate of Conversion, if an effective

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)