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Special Instructions to I	Filing Officer:	yle!
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SECRETARY OF STATE
ANALYSISE FLORID.

Office Use Only

COVER LETTER

TO:	Registration S Division of Co			
SUBJ	ECT: NEW	BEGININGS SOL (Name of Resulting	UTIONS LLC Florida Limited Compa	ny)
conve		siness Entity" into a "		n, and fees are submitted to bility Company" in
Please	e return all corre	espondence concerning	g this matter to:	
PATR	ICK TURNER	(Contact Person)		
NEW E	BEGININGS SOL			
<u>5713 l</u>	NW 85TH AVENU			
TAMA	RAC, FL 33321	City, State and Zip Code)		
For fu	ırther informatio	on concerning this made	ter, please call:	
MICH.	AEL EMOKPAE		at (954) 73	30-7673
	(Name of Conta	et Person)	(Area Code and	Daytime Telephone Number)
Enclo	sed is a check f	or the following amou	nt:	
(\$25 fo & \$125	0.00 Filing Fees or Conversion 5 for Articles anization)	\$155.00 Filing Fees and Certificate of Status	■\$180.00 Filing Feet and Certified Copy	S \$\B\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Regis Divisi Clifto 2661	EET ADDRESS tration Section ion of Corporati n Building Executive Cente nassee, FL 3230	ions er Circle	Registration Division of P. O. Box	l' Corporations



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 20, 2009

PATRICK TURNER 5713 NW 85TH AVENUE TAMARAC, FL 33321

SUBJECT: NEW BEGINNINGS SOLUTIONS LLC

Ref. Number: W09000018453

We have received your document for NEW BEGINNINGS SOLUTIONS LLC 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) 245-6067.

Letter Number: 509A00013216

Neysa Culligan Regulatory Specialist II

FILED

Certificate of Conversion
For
"Other Business Entity"
Into

09 APR 28 AM IO: 26 SECRETARY OF STATE TALLAHASSEE FLORIDA

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: NEW BEGINING SOLUTIONS INC PO9-32207
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a CORPORATION (Fig. 1) The "Other Business Entity" is a CORPORATION (Fig. 2) The "Oth
(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 APRIL 9 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:
N/A
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
NEW BEGININGS SOLUTIONS LLC
(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.)

Signed this 13TH day of APRIL	20 <u>09</u> .
Signature of Member or Authorized Representa	tive of Limited Liability Company:
Signature of Member or Authorized Representative Printed Name: PATRICK TURNER	Title: MGR
Signature(s) on behalf of Other Business Entity: [
Signature: Patrick G. Jurner Printed Name: PATRICK G. TURNER	Title: MANING OK
Signature:	
Printed Name:	_ Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature:Printed Name:	_ Title:
Signature:	
Signature: Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	corporator must sign.
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnersnip:
If Florida Limited Partnership or Limited Liabilit 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:

NEW BEGININGS SOLUTIONS 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: 5713 NW 85TH AVENUE TAMARAC, FL 33321 Mailing Address: 5713 NW 85TH AVENUE TAMARAC, FL 33321 TAMARAC, FL 33321

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:

HIGH END INCOME TAX & AC	COUNTING SRVCS
Name	
4200 NW 16 ST STE 600-A	
Florida street address (P.O. Bo	ox NOT acceptable)
LAUDERHILL F	FL 33313
City, State, a	nd 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)

(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	Name and Address:
"MGRM" = Managing Member	r
5 5	
MGR	PATRICK TURNER 5713 NW 85TH AVE
	TAMARAC, FL 33321
	(Use attachment if necessary)
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