# L09000045397

| (Re                     | equestor's Name)  |                                       |
|-------------------------|-------------------|---------------------------------------|
|                         |                   |                                       |
| (Ad                     | ldress)           |                                       |
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| (Ad                     | dress)            | , , , , , , , , , , , , , , , , , , , |
| •                       | ,                 |                                       |
|                         |                   |                                       |
| (Cit                    | y/State/Zip/Phone | <del>?</del> #)                       |
| PICK-UP                 | WAIT              | MAIL                                  |
|                         |                   |                                       |
| (Bu                     | siness Entity Nan | ne)                                   |
| (Bu                     | Siness Linky Ivan | ile)                                  |
|                         |                   |                                       |
| (Do                     | cument Number)    |                                       |
|                         |                   |                                       |
| Certified Copies        | _ Certificates    | of Status                             |
|                         |                   |                                       |
|                         |                   | * ·                                   |
| Special Instructions to | Filing Officer:   |                                       |
|                         |                   |                                       |
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04/02/09--01028--029 \*\*150.00

09 MAY -8 AM 10: 35

T. HAMPTON

MAY 1 1 2009

EXAMINER



### **COVER LETTER**

| Division of C   |  |  |  |
|---|--|--|--|
| SUBJECT:  | GREEN PLAN   | IET EVENTS, LLO                                    | С. п   |
|   |  | Florida Limited Company                            |  |
|   | isiness Entity" into a "                             | ticles of Organization,<br>'Florida Limited Liabil | and fees are submitted to ity Company" in                              |
| Please return all corr  | espondence concernin                                 | g this matter to:                                  |  |
|   | JESSICA WELLE  |  |  |
|   | (Contact Person)                                     |  |  |
| GREE  | N PLANET EVENTS LL                                   | .c.  |  |
|   | (Firm/Company)                                       |  |  |
| 2   | 2646 NW 97TH AVE                                     |  |  |
|   | (Address)  |  |  |
| (   | DORAL, FLORIDA 3317                                  | 2  |  |
|   | City, State and Zip Code)                            |  |  |
| For further information   | on concerning this ma                                | tter, please call:                                 |  |
| JESSICA WELLE   |  | at ( 786 ) 395-                                    | 3774   |
| (Name of Conta  | ct Person)   | (Area Code and Da                                  | aytime Telephone Number)   |
| Enclosed is a check f   | or the following amou                                | int:   |  |
| ✓ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) | \$155.00 Filing Fees<br>and Certificate of<br>Status | \$180.00 Filing Fees and Certified Copy            | ☐\$185.00 Filing Fees,<br>Certified Copy, and<br>Certificate of Status |
| STREET ADDRESS  | S:   | MAILING A  | ADDRESS:   |
| Registration Section  |  | Registration                                       |  |
| Division of Corporati   | ions   | Division of C                                      | •  |
| Clifton Building  | C' 1   | P. O. Box 632                                      |  |
| 2661 Executive Center Tallahassee, FL 3230  |  | Tallahassee, l                                     | FL 32314   |



# RECEIVED

09 MAY -8 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

# FLORIDA DEPARTMENT OF STATE Division of Corporations

April 3, 2009

JESSICA WELLE 2646 NW 97TH AVE DORAL, FL 33172

SUBJECT: GREEN PLANET EVENTS, LLC

Ref. Number: W09000015663

We have received your document for GREEN PLANET EVENTS, 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):

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 the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 409A00011295

#### **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:   |
|--|
| GREEN PLANET EVENTS, 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 02-10-2009 (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:  |
| GREEN PLANET EVENTS,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               |

Page 1 of 2

effective date listed in the attached Articles of Organization, if an effective date is

listed therein.)

| · / W .  |  |
|--|--|
| Signed this day of MARCH   | _ 20_09  |
| Signature of Member or Authorized Representa   | tive of Limited Liability Company:                             |
| Signature of Member or Authorized Representative   | : Wull   |
| Printed Name: JESSICA WELLE Signature(s) on behalf of Other Business Entity: [                               | ,   \  |
| 11.1.1.1.000   |  |
| Printed Name: JESSICA WELLE  |  |
| Signature: Printed Name:   | _ Title:   |
| Signature:Printed Name:  | Title:   |
| Signature:Printed Name:  |  |
| Signature:Printed Name:  |  |
| Signature: Printed Name:   |  |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Corporation                       |  |
| If Directors or Officers have not been selected, an Inc  |  |
| If Florida General Partnership or Limited Liabilit<br>Signature of one General Partner.                      | y Partnership:   |
| If Florida Limited Partnership or Limited Liabilit<br>Signatures of <u>ALL</u> General Partners.             | y Limited Partnership:   |
| All others: Signature of an authorized person.   |  |
| Fees:  | \$25.00<br>\$135.00  |
| Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: | \$25.00<br>\$125.00<br>\$30.00 (Optional)<br>\$5.00 (Optional) |

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Nat<br>The name of the L                             | me:<br>imited Liability Company                      | is:   |
|--|--|---|
|  | NET EVENTS, LLC<br>s "Limited Liability Company," th | e abbreviation "L.L.C.," or the designation                                     |
| ARTICLE II - Ac<br>The mailing address<br>Liability Company      | ss and street address of the                         | e principal office of the Limited   |
| Principal Office A   | Address:   | Mailing Address:  |
| 2646 NW 97TH AVE<br>DORAL, FL 33172                              | NUE  | SAME AS ABOVE   |
| <b>Signature:</b> (The Limited Liability C individual or another |  | ered Office, & Registered Agent's egistered Agent. You must designate an        |
| The name and the   | Florida street address of the                        | ne registered agent are:  |
|  | JESSIC   | A WELLE   |
|  | Name<br>2525 SW 3RD AVE PH -10                       |   |
|  | Florida street address (P.O. Box NOT acceptable)     |   |
|  | MIAMI,   | FL 33129  |
|  | City, S  | State, and Zip  |
| above stated limi  | ted liability company at the                         | d to accept service of process for the place designated in this certificate, is |

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

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2 SECRETARY OF STATE DIVISION OF CORPORATIONS

## ARTICLE IV- Manager(s) or Managing Member(s):

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member                                | Name and Address:   |        |
|---|---|--------|
| JESSICA WELLE - MANAGER   | 2525 SW 3RD AVE<br>PH. 10<br>MIAMI. FL 33129  | #<br># |
| · .   |   |        |
|   |   |        |
| ICIFV. Effective date if other than the   | (Use attachment if necessary) date of filing: 05252009 05-15 2000   | 9      |
| e effective date: 1) cannot be prior to no<br>iment is filed by the Florida Departmen | (OPTIONAL) or more than 90 days after the date this at of State; AND 2) must be the same as ertificate of Conversion, if an effective |        |
| REQUIRED SIGNATURE:   | 05/05/2009  |        |
|   | 03 03 200 1   |        |

(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.)

#### JESSICA WELLE

Typed or printed 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)

Page 2 of 2

09 MAY -8 AM ID: 36

SECRETARY OF STATE POLITIONS