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	(Requestor's Na	ame)
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.	(City/State/Zip/F	Phone #)
PICK-U	P WAI	T MAIL
	(Business Entity	y Name)
	(Document Nun	nber)
Certified Copies	Certifi	icates of Status

Special Instructions to Filing Officer:

L. SELLERS

MAY 1 8 2009

EXAMINER

Office Use Only



100155976501

05/15/09--01033--022 **185.00

O9 MAY 15 AM 8:51 SECRETARY OF STATE TALLAHASSEF FLORIDA

COVER LETTER

	Registration S Division of C			
SUBJEC	CT: Pillow	Enfeoffme (Name of Resulting	nt Examiners Florida Limited Company)	Unporalleled LLC
convert a		siness Entity" into a "	ticles of Organization, Florida Limited Liabil	and fees are submitted to ity Company" in
Please re	turn all corre	espondence concerning	g this matter to:	
(Great	(Contact Person)		
		(Contact Person) Estiment Ex (Firm/Company)		
	30 NO	W, 40 Ave		·
		(Address) FL 3312 City, State and Zip Code)		
		on concerning this mat		
_	Name of Contact	•	_	256325 ytime Telephone Number)
(1	Name of Contac	ct Person)	(Area Code and Da	ytime Telephone Number)
Enclosed	l is a check fo	or the following amou	nt:	
■ \$150.00 (\$25 for Co & \$125 for of Organiz	r Articles	\$155.00 Filing Fees and Certificate of Status	\$180.00 Filing Fees and Certified Copy	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

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 Conxersion is: Illon
Illon Entest ment Examiners Unparalleled Inco.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a (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 <u>Florida</u> (Enter state, or if a non-U.S. entity, the name of the country)
on <u>6/9/1994</u> . (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:
Pillon Entest Finent Examiners Unparalleled LLC (Enter Name of Florida Limited Liability Company)
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.)

Page 1 of 2

Signed this 9/2 day of May	20_ <i>9</i>
Signature of Member or Authorized Represe	
Signature of Member or Authorized Representa Printed Name: (Sysy)	. Per
Signature of Member or Authorized Representa	tive:
Printed Name: 6/93/4/1//5n	Ittle: //6/1/
Signature(s) on behalf of Other Business Entity	y: [See below for required signature(s).]
si // Bel	
Signature:	Til Production
Signature:	litle:
•	
Signature:Printed Name:	Title
Printed Name.	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	TUI.
Printed Name:	I itle:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director,	or Officer
If Directors or Officers have not been selected, an	
The state of the s	morporator must sign.
<u>If Florida General Partnership or Limited Lia</u> l	bility Partnership:
Signature of one General Partner.	
<u> If Florida Limited Partnership or Limited Lial</u>	bility Limited Partnership:
Signatures of <u>ALL</u> General Partners.	,
,	
All others:	
Signature of an authorized person.	
Fees:	
Codificate of Comments	\$25.00
Certificate of Conversion:	\$25.00
Fees for Florida Articles of Organization	
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

Page 2 of 2

9 NAY 15 AM 8:51

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan The name of the L	me: .imited Liability Company	is:	
Pillon En Feo	Hmant Examine is "Limited Liability Company," th	rs Unparallele	designation
ARTICLE II - Ac The mailing address Liability Company	ss and street address of the	e principal office of the	Limited
Principal Office A	Address:	Mailing Address	<u>:</u>
730 NW	40 Ave 2 33126	730 N.W.) Miami	, 40 Ave FL 3312
Signature: (The Limited Liability C individual or another business entity with an	Registered Agent, Register Company cannot serve as its own Ractive Florida registration.) Florida street address of the company cannot serve as its own Ractive Florida registration.	egistered Agent. You must desi	
rne name and the	_		
	Gregory Pr 730 N.W.	ime	
	Florida street address (P	O. Box NOT acceptab	ole)
	Miami	FL 33126 State, and Zip	
	City, S	tate, and Zip	
above stated limit hereby accept	med as registered agent an	d to accept service of pre	
the proper and o	t the appointment as registe er agree to comply with the complete performance of m ligations of my position as t Chapter 608	ered agent and agree to e provisions of all statute by duties, and I am famil registered agent as prov	act in this es relating to iar with and ided for in
the proper and o	t the appointment as register wer agree to comply with the complete performance of m ligations of my position as t Chapter 608	ered agent and agree to provisions of all statute by duties, and I am famil registered agent as proving F.S	act in this es relating to iar with and ided for in
the proper and c	t the appointment as register wer agree to comply with the complete performance of m ligations of my position as t Chapter 608	ered agent and agree to e provisions of all statute by duties, and I am famil registered agent as prov	act in this es relating to iar with and ided for in
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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Fitle:</u>	Name and Address:
MGR" = Manager MGRM" = Managing Member	
WORW — Wanaging Welliber	
MGRM	Gragory Fillin
	730 N W. 40 M Miami FL 3312
	Miami FL 3312
	• •
	(Use attachment if necessary)
it is filed by the Florida Departmentive date listed in the attached C	(OPTIONAL) or more than 90 days after the date that of State; AND 2) must be the same
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