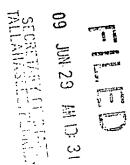
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
(2 Sided)
Offire Use Only



200157820612

06/29/09--01015--018 **150.00



S. HAWKESJUL 1 - 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Miami Holidays (Name of Resulting Florida Limited Company)
The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.
Please return all correspondence concerning this matter to:
L. Jackson (Contact Person) Mani Holidays Jack (Firm/Company) 8714 SW 103 AVE (Address)
Mianu FL 33173 (City, State and Zip Code)
For further information concerning this matter, please call:
Leah TackSoh at (786) 942-1972 (Name of Contact Person) (Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount:
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$150.00 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 Conversion is: Miami Holidays, Co (Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>C-Corporation</u> POI - 27400 (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>Ilorida</u>
(Enter state, or if a non-U.S. entity, the name of the country)
on 3/25/09. (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:
miami Holidays CoLLC
(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.)

	- ^	- Λ	
Y Signed this _ スミ	day of June	_20_09	
Signature of Men	aber or Authorized Represent	ative of Limited Liability C	Company:
Ciamatura of Man	han an Authonigad Romancantativ		
Printed Name: 1 4	ber or Authorized Representative	Title: Mangae	<u>ን</u>
Timed Hame.			
Signature(s) on be	chalf of Other Business Entity:	See below for required sign	ature(s).]
	- A		
Signature:	Jim Dolang	Title: Mahaalma	no a me los
Printed Names	JIM DOWN	_ Title recogning	- ruence
			72 CM 00
Printed Name:	~	Title:	
			7,2 7.4
Signature:		Title	2
rtinted Name:		1106:	
Signature:			
Printed Name:		Title:	
Signature:		Title.	···
Printed Name:		riue:	
Signature:			
Printed Name:		Title:	
If Florida Corpor	ation: nan, Vice Chairman, Director, or	Officer	
	cers have not been selected, an In		
	l Partnership or Limited Liabili	<u>ty Partnership:</u>	
Signature of one G	eneral Partner.		
If Florida Limited	Partnership or Limited Liabili	ty Limited Partnershin:	
Signatures of ALL	General Partners.	A.1	
_			
All others:			
Signature of an aut	norized person.		
Fees:			
	of Conversion:	\$25.00	
	orida Articles of Organization:	\$125.00 \$30.00 (Optional)	
Certified C Certificate		\$5.00 (Optional)	
Certificate	or status.	maioo (Obitoliai)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
- mami Holilar	p), LLC
(Must end with the words "Limited Liability Company," the abbuttle.")	eviation L.L.C.," or the designation
ARTICLE II - Address: The mailing address and street address of the pri Liability Company is:	incipal office of the Limited
Principal Office Address:	Mailing Address:
8714 SW 103 AVE MIAMI FL 33173	< (same)
ARTICLE III - Registered Agent, Registered Signature: (The Limited Liability Company cannot serve as its own Registe individual or another business entity with an active Florida registration.)	_
The name and the Florida street address of the re	egistered agent are:
Liah acks 8714 Swame	103 Ave
Florida street address (P.O.	
Miami City, State	FL 33173 , and Zip
Having been named as registered agent and to above stated limited liability company at the plathereby accept the appointment as registered capacity. I further agree to comply with the protest the proper and complete performance of my disaccept the obligations of my position as registered Agent's Signature.	ce designated in this certificate, I agent and agree to act in this ovisions of all statutes relating to uties, and I am familiar with and stered agent as provided for in
(CONTINUED)	
Page 1 of 2	

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	•
MGR	Llahackson 8714 SW 103 Miam EL	<u>Ave</u> 33/7
MGRM	Jun De Lang 8714 SW 183 Mami FL 3	Ave 23173
		
	(Use attachment if necessary)	
	0 1	
	(OPTIONAL) nor more than 90 days after the date this	
effective date: 1) cannot be prior to a ment is filed by the Florida Departme	(OPTIONAL)	S
effective date: 1) cannot be prior to a ment is filed by the Florida Departme	(OPTIONAL) nor more than 90 days after the date this ent of State; <u>AND</u> 2) must be the same as	S
effective date: 1) cannot be prior to a nent is filed by the Florida Departme fective date listed in the attached (s listed therein.) REQUIRED SIGNATURE:	nor more than 90 days after the date this ent of State; AND 2) must be the same as Certificate of Conversion, if an effective	s e
effective date: 1) cannot be prior to a ment is filed by the Florida Department fective date listed in the attached (solisted therein.) REQUIRED SIGNATURE: Signature of a member or an automatical content of the section 608.	(OPTIONAL) nor more than 90 days after the date this ent of State; <u>AND</u> 2) must be the same as	NOF SO
ffective date: 1) cannot be prior to rent is filed by the Florida Department fective date listed in the attached (slisted therein.) REQUIRED SIGNATURE: Signature of a member or an author of this document constitutes an atthat the facts st	nor more than 90 days after the date this ent of State; AND 2) must be the same as Certificate of Conversion, if an effective of a member. 408(3), Florida Statutes, the execution	09 JUN 29 /// ID
effective date: 1) cannot be prior to a ment is filed by the Florida Department fective date listed in the attached (solisted therein.) REQUIRED SIGNATURE: Signature of a member or an authorized the facts stated the facts sta	nor more than 90 days after the date this ent of State; AND 2) must be the same as Certificate of Conversion, if an effective of a member. 408(3), Florida Statutes, the execution firmation under the penalties of perjury ated herein are true.)	09 JUN 29 /// ID

Page 2 of 2