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

Office Use Only



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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CHISPA DESIGN	LLC
(Name of Resulting Florid	a Limited Company)
The enclosed Certificate of Conversion, Articles convert an "Other Business Entity" into a "Flori accordance with s. 608.439, F.S.	
Please return all correspondence concerning this	matter to:
Rafael Perez-Pineiro	
Rafael Perez-Pineiro (Contact Person) Chispa Design LLC (Firm/Company)	
(Firm/Company)	
325 S Biscayne Blvd #31 (Address)	<u> </u>
Miami, FL 33131	
(City, State and Zip Code)	
For further information concerning this matter, p	lease call:
Rafael Perez-Piheiro at (917 , 526 - 3785
(Name of Contact Person)	(Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount:	
	180.00 Filing Fees Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P. O. Box 6327 Tallahassee, FL 32314
2001 Enough Control Citete	1 ananassee, 1 L 32317

Tallahassee, FL 32301

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:	CHISPA DESIGN LLC			
(Enter Name of Other Business Entity)				
(Enter entity type. Examp	e: corporation, limited partnership, sole proprietorship, nership, common law or business trust, etc.)			
first organized, formed or inco (Enter state, or	orporated under the laws of NEW YORK if a non-U.S. entity, the name of the country)			
on APRIL 20, 2	007			
(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:				
	FLORIDA			
4. The name of the Florida Li Articles of Organization:	mited Liability Company as set forth in the attached			
CHISPA DESIGN LLC				
(Enter Name of Florida Limited Liability Company)				
(The effective date: 1) canno document is filed by the Flor	of filing, enter the effective date: of the prior to nor more than 90 days after the date this rida Department of State; AND 2) must be the same as the tached Articles of Organization, if an effective date is			

Signed this 28 day of Tuly	_ ₂₀ _09		
Signature of Member or Authorized Representative of Limited Liability Company:			
Signature of Member or Authorized Representative Printed Name: KAPAEL PEREZ - PIMEIRO	e: Title: Menber		
Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]			
Signature: BELINA LIZARZABAL			
Printed Name: BELINA LIZARZABAL	_Title:Member		
Signature:			
Printed Name:	Title:		
Signature:Printed Name:			
Printed Name:	Title:		
Signature:	Tul		
Printed Name:	I itte:		
Signature: Printed Name:	Title		
Signature:Printed Name:	Title		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer		
If Directors or Officers have not been selected, an Inc			
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.			
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of <u>ALL</u> General Partners.			
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:			
CHISPA DESIGN 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:	Mailing Address:			
325 S Biscayne Blud #3126 171471, PL 33131	Same			
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:				
Florida street address (P.	nbal me Blud #3126. Tliani, FL 33131 O. Box NOT acceptable) FL ate, and Zip			
Having been named as registered agent and above stated limited liability company at the hereby accept the appointment as register capacity. I further agree to comply with the the proper and complete performance of my accept the obligations of my position as re	to accept service of process for the place designated in this certificate, I red agent and agree to act in this provisions of all statutes relating to duties, and I am familiar with and			

Registered Agent's Signature (REQUIRED)

Chapter 608, F.S..

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGRM	Rafael Perez-Pineiro 325 S Biscayne Blud #3126 Miani, FL 33131		
MGRM	Beling Lizarzabal 325 S Biscayne Blud # 3126 Pliani, FL 33131		
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (OPTIONAL) The effective date: 1) cannot be prior to nor more than 90 days after the date this			
ocument is filed by the Florida Department of State; <u>AND</u> 2) must be the same as ne effective date listed in the attached Certificate of Conversion, if an effective ate is listed therein.)			
required signature:	TALLE TALLE		
Signature of a member or an authorized representative of a member.			
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perhirs that the facts stated herein are true.)			
	_IZARZABAL ŞĦ ₽		
Typed or print	ed name of signee		
Filing Fees:			

\$125.00 Filing Fee for Articles of Organization and Designation

Page 2 of 2

of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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

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