# 12900073675

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

G. MCLEOD

JUL 3 1 2009

EXAMINER



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# COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Geman International LLC (Name of Resulting Florida Limited Company)
The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted 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:
Greg Herskowitz C/O Guillermo Handal (Contact Person)
Grea Herskowitz PA
9130 S. Dadelard Blad PH 1A (Address)
Mrami FL 33156
(City, State and Zip Code)
For further information concerning this matter, please call:
Greg Jers Court at (305) 423-1258  (Name of Contact Person) (Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount:
\$\sum_{\\$150.00\}\$ Filing Fees (\$25\) for Conversion & \$125\) for Articles of Organization)  \$\sum_{\\$155.00\}\$ Filing Fees and Certified Copy and Certificate of Status  \$\sum_{\\$185.00\}\$ Filing Fees 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

SECRETARY OF DIVISION OF POLY STATE

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## Certificate of Conversion

For

### "Other Business Entity"

Into

#### 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:  Genat International Inc.  (Enter Name of Other Business Entity)					
(Enter Name of Other Business Entity)					
2. The "Other Business Entity" is a Corporation.					
(Enter entity type. Example: corporation, limited partnership,					
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 27, 2009 (Enter date "Other Business Entity" was first organized, formed or incorporated)					
(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:					
Geman International 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 day of	_20_ <b></b>					
Signature of Member or Authorized Representative of Limited Liability Company:						
Signature of Member or Authorized Representative Printed Name: Guillermo Handa	Title: Manaying Member					
Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]						
Signature: Printed Name: Guillermo Handa	Title: President / Chaiman					
Signature:						
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 Officer. If Directors or Officers have not been selected, an Incorporator must sign.						
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.						
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL 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:** 

i ne name of the Li	mited Liability Co	ompany is:		
(re,	nah Inter	nationa	1 440	
Must end with the words (LLC.")				the designation
ARTICLE II - Ad The mailing addres Liability Company	s and street addres	ss of the prir	ncipal office of	the Limited
Principal Office A	ddress:		Mailing Addre	ess:
6664 NW	107 place	<del></del>	6664 N	1W 107 Place
ARTICLE III - Re Signature: The Limited Liability Condividual or another business entity with an a	ompany cannot serve as i	its own Register	, ,	Ü
The name and the I	Plorida street addre	ess of the re	gistered agent a	re:
	Gney	Herokou	vite PA	
	9130 S, Florida street add		uite PA and Blud Box NOT accep	
		•	FL 3315	•
,		City, State,	and 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

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:				
m Gam	Guillermo Handal 6664 NW 107 Place Doral, FL 33178				
<u>morm</u>	Claudette Handul 6664 NW 107 Place Doral, Fr 33178				
<del> </del>	(Use attachment if necessary)				
RTICLE 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; AND 2) must be the same as e effective date listed in the attached Certificate of Conversion, if an effective ite is listed therein.)					
REQUIRED SIGNATURE:	)				
Signature of a member or an aut	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 perjury that the facts stated herein are true.)					
Guillermo Handal 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)

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