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EXAMINER

# PANZA, MAURER & MAYNARD, P.A.

, ATJORNEYS AND COUNSELORS AT LAW

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3600 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE, FLORIDA 33308-6225

TELEPHONE (954) 390-0100 FAX (954) 390-7991 mail@PanzaMaurer.com

PLEASE REPLY TO FORT LAUDERDALE OFFICE

August 10, 2009

OF COUNSEL
JIM C. SMITH
BRIAN D. BALLARD
MARK K. LOGAN
LAURENCE A. MAURER

215 SOUTH MONROE STREET SUITE 320 TALLAHASSEE, FLORIDA 32301 (850) 681-0980 FAX (850) 681-0983

FLAGLER CENTER TOWER 505 SOUTH FLAGLER DRIVE SUITE 1450 WEST PALM BEACH, FLORIDA 33401 (561) 253-3233 FAX (561) 253-3230

> GOVERNMENTAL RELATIONS SANDRA S. HARRIS NOT A MEMBER OF FLA BAR

### **VIA FEDERAL EXPRESS**

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Chevalier LLC

Dear Sir or Madam:

On behalf of Chevalier LLC, we hereby enclose the following: the Division's form Cover Letter; Certificate of Conversion; Articles of Organization for Florida Limited Liability Company; and the appropriate filing fee in the amount of \$150.00 (for conversion of other business entity/LLC).

Thank you for your cooperation.

Sincerely,

MELISSA G. THORN, ESQ.

MGT/sg Enclosures

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### COVER LETTER

TO: Registration Section
Division of Corporations

**SUBJECT:** Chevalier LLC

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:

Mark Emanuele, Esquire	
(Contact Person	<u> </u>
Panza, Maurer & Maynard, P.A.	· 
(Firm/Company	<u>/)</u>
3600 N. Federal Highway, Third Fl	oor
(Address)	
Fort Lauderdale, Florida 33308	
(City, State and	Zip Code)
For further information concerning	this matter, please call:
Melissa G. Thorn, Esq.	at (954) 390-0100
(Name of Contact Person)	(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

# 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

FILED

# **Certificate of Conversion**

For

# "Other Business Entity"

Into

## Florida Limited Liability Company

2009 AUG 1.1 PM 12: 51 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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:	1
	Chevalier Corporation	
	(Enter Name of Other Business Entity)	
2.	The "Other Business Entity" is a Florida Foreign Profit Corporation F03000 (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	00889
	First organized, formed or incorporated under the laws of <u>Illinois</u> on <u>2/21/2003</u> .	;
	(Enter date "Other Business Entity" was first organized, formed or incorporated)	:
<b>3.</b>	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:	:
	Chevalier 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	la la
	document is filed by the Florida Department of State; <u>AND</u> 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed herein.)	· · · · · · · · · · · · · · · · · · ·

FILED day of august Signature of Member or Authorized Representative of Limited Liability Company:

Signature of Member or Authorized Representative of Limited Liability Company:

SECRETARY OF STATE

A. Challing TALLAHASSEE, FLORIDA Printed Name: PKT-W A. CHGVALIENTitle: MCKM Signature(s) on behalf of Other Business Entity: [See below for required signature(s).] Printed Name: PETER Title: \_\_\_ Title: Printed Name: Signature: \_ Title: \_\_\_ Printed Name: Signature: Title: Printed Name: Signature: Title: Printed Name: Signature: Title: Printed Name:\_\_\_ 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:

Page 2 of 2

\$25.00

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

Certificate of Conversion:

Certified Copy:

Certificate of Status:

Fees for Florida Articles of Organization:

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:	
The name of the Limited Liability Comp	pany is:
Chevalier L.L.C.	
Must end with the words "Limited Liability Cor	mpany," the abbreviation "L.L.C.," or the designation "LLC.")
ARTICLE II – Address:	
The mailing address and street address on the mailing address of the	of the principal office of the Limited Liability Company
Principal Office Address:	Mailing Address:
145 Jefferson Ave.	145 Jefferson Ave.
# 411	# 411
Miami Beach, FL 33139	Miami Beach, FL 33139
nother business entity with an active Florida reg The name and the Florida street address	
	Mark A. Emanuele, Esq.
	Name
	3600 N. Federal Highway, 3rd Floor
	Florida street address (P.O. Box NOT acceptable
·	Fort Lauderdale, FL 33308
•	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

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MRTICLE IV – Manager(s) or he name and address of each M	anager or Managing Member is as follows:	2009 AUG 1.1 PM 12: 51
<u>"itle:</u> MGR" = Manager MGRM" = Managing Member	Name and Address:	SECRETARY OF STATE TALLAHASSEE. FLORID
MGRM	Peter A. Chevalier 145 Jefferson Ave., # 411	
	Miami Beach, FL 33139	<del></del>
		<del></del>
<del></del>		_ <del>_</del>
<del></del>		<del></del>
RTICLE V: Effective date, if	other than the date of filing:	<del></del>
y the Florida Department of Sta	(OPTIONAL) rior to nor more than 90 days after the date this ate; <u>AND</u> 2) must be the same as the effective a, if an effective date is listed therein.)	document is filed
EQUIRED SIGNATURE:	. A. Ohealin, MGRM	,
Signature of a me	ember or an authorized representative of a n	nember.
	ce with section 6083408(3), Florida Statutes, the ent constitutes and affirmation under the penalt that the facts stated herein are true.)	
PETEN		
	Typed or printed name of signee	
Filing Fees:		
•	e for Articles of Organization and Designation	on of Registered
Agent	Copy (Optional)	

Page 2 of 2