# L09000082821

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

Office Use Only



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08/26/09--01037--014 \*\*155.00

O9 AUG 26 AM II: 20
SECRETARY OF STATE

J. BRYAN

AUG 27 2009

**EXAMINER** 

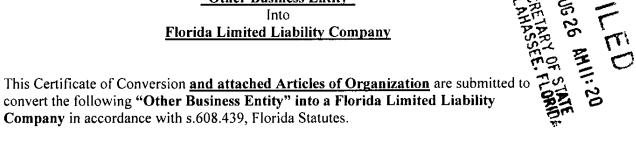
## **COVER LETTER**

TO:	Registration S Division of Co				
suвл	ЕСТ:	Saloma Enterp			<u>+</u>
		(Name of Resulting	Florida Limited Con	npany)	
conver		ate of Conversion, Ar siness Entity" into a " 8.439, F.S.			
Please	return all corre	spondence concerning	g this matter to:		
Roche	lle Chandler				<b>5.0</b> 0
		(Contact Person)			SEC SEC
Bradley	-Duall, CPA's PI	LC			AR IS
		(Firm/Company)			AR ASS
7370 H	awk Road				E S
		(Address)			F-8
Flower	Mound TX 7502	22			09 AUG 26 AM 11: 20 SECRETARY OF STATE SALLAHASSEE. FLORI
	(C	ity, State and Zip Code)			<b>D</b>
For fur	ther information	on concerning this mat	ter, please call:		
Rochel	le Chandler		at ( <u>817</u>	430 - 3000	
	(Name of Contac	et Person)	(Area Code	and Daytime Telepho	one Number)
Enclos	ed is a check fo	or the following amou	nt:		
(\$25 for & \$125	.00 Filing Fees Conversion for Articles nization)	7\$155.00 Filing Fees and Certificate of Status	■\$180.00 Filing I and Certified Copy		py, and
Registr Division Clifton 2661 E	ET ADDRESS ration Section on of Corporation Building Executive Center assee, FL 3230	ons r Circle	Registra Divisior P. O. Bo	NG ADDRESS: ation Section of Corporations ox 6327 ssee, FL 32314	

#### **Certificate of Conversion**

For

### "Other Business Entity"



Saloma Enterprises, LL0	· · · · · · · · · · · · · · · · · · ·
(En	ter Name of Other Business Entity)
	ty" is a Limited Liability Company
	ole: corporation, limited partnership, sole proprietorship, nership, common law or business trust, etc.)
first organized, formed or inc	orporated under the laws of Texas
(Enter state, or	r if a non-U.S. entity, the name of the country)
on June 21, 2002	
(Enter date "Other Busin	ness Entity" was first organized, formed or incorporated)
	Other Business Entity" was changed, the state or country now organized, formed or incorporated:
4. The name of the Florida L Articles of Organization:	imited Liability Company as set forth in the attached
or or building.	
Saloma Enterprises, LI	_C
Saloma Enterprises, LL	_C me of Florida Limited Liability Company)

Signed this 19 day of AUGUST	20 <u> 09</u>
Signature of Member or Authorized Representa	ative of Limited Liability Company:
Signature of Member or Authorized Representative Printed Name: SARAH L. MARTIN	e: Sarah L. Martin. Title: MEMBER
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s).]
Signature: SARAH L. MARTIN	
Printed Name: SARAH L. MARTIN	Title: MEMBER
Signature:Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	75 O
Signature:Printed Name:	75 26 F
	- little:
Signature:Printed Name:	Fig. :
rimed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
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

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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 Chapter 608, F.S..

Sarah L. Martin\_ 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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM SARAH L. MARTIN 6450 NW 105th TERRACE PARKLAND, FL 33076 (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 document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Certificate of Conversion, if an effective date is listed therein.) **REQUIRED SIGNATURE:** Sarah L. Martin 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.) SARAH L. MARTIN Typed or printed 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)