

## 09000090854

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

Office Use Only



300159838903

09/18/09--01046--013 \*\*185.00

SECRETARY OF STATE
TALL AND ASSET FLORID

2059 SEP 18 AM II: 3

T. CLINE

SEP 2 1 2009

**EXAMINER** 

## **COVER LETTER**

TO:	Registration Division of C			
SUBJ	ЕСТ:	PRN Hon	ie LLC	
		(Name of Resulting	g Florida Limited Company	r)
conve		usiness Entity" into a	rticles of Organization "Florida Limited Liabi	, and fees are submitted to lity Company" in
Please	return all corr	espondence concerning	ng this matter to:	
	J.1.	o DORA	Lo	
		(Contact Person)		
l	1722	(Firm/Company) Via Car	MEN	
	Naple	Via Car (Address) 5, FL. 3 City, State and Zip Code)	4105	LABASSEE,
		on concerning this ma		700 07
Z	(Name of Conta	orado act Person)	at ( 239 ) 6 (Area Code and D	aytime Telephone Number)
Enclo	sed is a check t	for the following amo	unt:	
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles inization)	\$155.00 Filing Fees and Certificate of Status		□\$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 A Registration Division of C P. O. Box 63 Tallahassee,	Section Corporations 27	

2069 SEP 18 AM 11: 30

# 2009 SEP 18 AM 11: 30

### **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:  PRN HOME INC. P09-31188
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>CORPORATION</u> .  (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 04 06 2009 (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:
N/A
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
PRN Home, 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 Sept	20 <i>09</i>			
Signature of Member or Authorized Representa		<u>v:</u>		
Signature of Member or Authorized Representative Printed Name: Julio DORAGO	e: Title: MGRM			
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)	).]		
Signature: Vilo Dorado.  Printed Name/ Julio Dora Do	Title: INCORPORATOR	<u> </u>		
Signature:	·			
Printed Name:	Title:			
Signature:Printed Name:				
Printed Name:	Title:			
Signature:				
Signature: Printed Name:	Title:			
Signature: Printed Name:				
Printed Name:	Title:			
Signature:				
Signature: Printed Name:	Title:			
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or		2059		
If Directors or Officers have not been selected, an Incorporator must sign.				
If Florida General Partnership or Limited Liabili	ty 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.	**************************************	. · · · · · · · · · · · · · · · · · · ·		
<u>Fees:</u>				
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

1 , 1	2N Home L	16.	
		he abbreviation "L.L.C.," or the desig	gnation
"LLC.")	, , ,		
ARTICLE II - A	ddress:		
		e principal office of the Lin	nited
Liability Company	y is:		
Principal Office	Address:	Mailing Address:	
11772 1/2	(10000000)	11772 1/2	0. 2 1
4 1dd VIA	. 34105	Naples, T-L.	LAKMEN
Naples F-L	. 34105	Nanles I-L.	341030
ARTICLE III - F	Registered Agent, Registe	ered Office, & Registered A	Agent's
Signature:		_	
	Company cannot serve as its own R	Registered Agent. You must designate	an
individual or another	active Florida registration.)		
•			1 ***
The name and the	Florida street address of t		AS 200
	Julio	DORADO	- Se
		<u> </u>	- = -
	N	ame	
	4722 VIA	- CARMEN	SEGUETANAS VELVITANAS JOHN SEBET
	4722 ViA Florida street address (F	ARMEN  O.O. Box NOT acceptable)	
	Tulio  4722 ViA  Florida street address (F	P.O. Box NOT acceptable)	
	H722 ViA Florida street address (F Naples	P.O. Box NOT acceptable)  FL 34/05	
	H722 ViA Florida street address (F Waples, City, S	P.O. Box NOT acceptable)  FL 34(05  State, and Zip	HE =
Havino heen na	Naples,	FL 34/05 State, and Zip	AM IT: 30
_	NAP/e5, City, 5 med as registered agent an	FL 34/05 State, and Zip and to accept service of proces	AM 11: 30
above stated limi	City, somed as registered agent an ited liability company at the	FL 34/05 State, and Zip	as for the etificate, I
above stated limi hereby accep	City, somed as registered agent and ited liability company at the appointment as regist	FL 34/05 State, and Zip and to accept service of processe place designated in this cer	as for the etificate, I in this
above stated limi hereby accep capacity. I furth the proper and	med as registered agent an ited liability company at the appointment as register agree to comply with the complete performance of n	FL 34/05 State, and Zip and to accept service of process the place designated in this cervice agent and agree to act it	as for the stificate, I in this lating to with and

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	Julio DORADO 4722 VIA CARMEN Naples, FL. 34105
<b>ARTICLE V:</b> Effective date, if other than the dat	(Use attachment if necessary)
(The effective date: 1) cannot be prior to nor document is filed by the Florida Department of the effective date listed in the attached Certidate is listed therein.)	(OPTIONAL)  more than 90 days after the date this of State; AND 2) must be the same as ifficate of Conversion, if an effective
REQUIRED SIGNATURE.	
Signature of a member or an author	rized representative of a member.
(In accordance with section 608.408) of this document constitutes an affirm that the facts stated	ation under the penalties of perjury
Julio Dor	
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)

Page 2 of 2