LU9000100558

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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10/19/09--01020--006 **25.00

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NISTER OF CONFESSIONS

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SECRETARY OF STATE OF CORPORATIONS OF CORPORATIONS

B. KOHR

OCT 19 2009

EXAMINER

LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) Certified Copy Pick up time 2.00 Walk in Photocopy Will wait Certificate of Status ■ Mail out **NEW FILINGS AMENDMENTS** Profit Amendment Resignation of R.A., Officer/Director Not for Profit Limited Liability: Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger REGISTRATION/QUALIFICATION OTHER FILINGS Annual Report Foreign Limited Partnership **Fictitious Name** Reinstatement Trademark Other Examiner's Initials

CR2E031(7/97)

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
1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is: F. C.D. Groop Juc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws ofFLORIOA
(Enter state, or if a non-U.S. entity, the name of the country)
on Feb 22, 2001.
(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:
F. C. D. GROUP 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; <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 therein.)

Signed	this	16	_ day of _	OCTOBE	R_	20_09			
Signat	ure of	Membe	er or Auth	orized Repre	esentati	ve of Li	mited Lial	bility Cor	npany:
Signatu Printed	ire of N Name:	1ember FRAI	or Author	ized Represer	ntative: RO	Title:	MGRA	c Ceyn	
Signature of Member or Authorized Representative: Printed Name: FRANCISCO CAMBEYRO Title: MGRM Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]						ure(s).]			
Signatu	re:	EDNA	Ma 101500	Cey w CAMBEYI	20	Titles	DATE	dent	
				·		Title:	PKESI	46777	<u> </u>
Signatu Printed	re: Name:					Title:			
Signatu	ıre:								
Printed	Name:					Title:			
Signatu	ire:				 	Title			
Signatu Printed	ire: Name:					Title:			
Signatu	ıre:								
Printed	Name:					Title:			
	ire of C	hairmaı	n, Vice Cha	irman, Directo been selected,			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 <u>ALL</u> General Partners.									
All other		author	rized persor	1.		٠			
Fees:									
	Fees fo Certifi	or Flori ed Cop		n: s of Organizat	ion:	\$25.00 \$125.00 \$30.00 (0 \$5.00 (O	Optional)		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

THE HAIRE OF THE	me: imited Liability Company is:	
	GROUP LLC	į
	imited Liability Company is: GROUP LLC s "Limited Liability Company," the abbreviation "L.L.C.," or the designation Idress: ss and street address of the principal office of the Limited	200
ARTICLE II - A The mailing addr Liability Compar	± •	3
Principal Office	Address: Mailing Address:	
23 <i>33 B</i>	CICKEIL AVESame	
APT. 1	21/-	
Miami	-L 33/29	
	FRANCISCO CAMBEYRO	
	/	
	Name 2332 BRICKELL AUE # 1816	
	FRANCISCO CAMBEYRO Name 2333 BRICKEII AVE # 1916 Florida street address (P.O. Box NOT acceptable)	
	Florida street address (P.O. Box <u>NOT</u> acceptable)	
	Plorida street address (P.O. Box NOT acceptable) Ni ami FL 33129 City, State, and Zip	
above stated lim hereby accep capacity. I furt the proper and	Florida street address (P.O. Box <u>NOT</u> acceptable)	
above stated lim hereby accep capacity. I furt the proper and	Florida street address (P.O. Box NOT acceptable) NICH I FL 33129 City, State, and Zip med as registered agent and to accept service of process for the ted liability company at the place designated in this certificate, I the appointment as registered agent and agree to act in this er agree to comply with the provisions of all statutes relating to complete performance of my duties, and I am familiar with and ligations of my position as registered agent as provided for in	
above stated lim hereby accep capacity. I furt the proper and	Florida street address (P.O. Box NOT acceptable) NIONI FL 33129 City, State, and Zip med as registered agent and to accept service of process for the ted liability company at the place designated in this certificate, I the appointment as registered agent and agree to act in this er agree to comply with the provisions of all statutes relating to complete performance of my duties, and I am familiar with and ligations of my position as registered agent as provided for in Chapter 608, F.S	
above stated lim hereby accep capacity. I furt the proper and	Florida street address (P.O. Box NOT acceptable) NIOWI FL 33129 City, State, and Zip med as registered agent and to accept service of process for the ted liability company at the place designated in this certificate, I the appointment as registered agent and agree to act in this er agree to comply with the provisions of all statutes relating to complete performance of my duties, and I am familiar with and ligations of my position as registered agent as provided for in Chapter 608, F.S.	

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member MGRM	FRANCISCO CAMBEYRO 2333 BRICKEIL AVE # 1816 MIGMI FL 33129
MGR	FRANCISCO CAMBEYRO Jr. 2333 Brickell AVE # 1816 MIGMI FL 33129
MGR	ISMARY LEON 2333 BRICKEIL AVE #1816 MIQMI FL 33129
	(Use attachment if necessary)
(The effective date: 1) cannot be priodocument is filed by the Florida Depathe effective date listed in the attachdate is listed therein.) REQUIRED SIGNATURE: Signature of a member or a	r to nor more than 90 days after the date this artment of State; AND 2) must be the same as and Certificate of Conversion, if an effective an authorized representative of a member.
of this document constitutes	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury cts stated herein are true.)
FRANCISCO Typed o	CAMBEYRO r 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