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(Address) (City/State/Zip/Phone #) (PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity, Name) (Document Number) Certified Copies Certificates of Status	(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certificates of Status	(Requestor's Name)
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2009 NOV 20 AM II: 12 SECRETARY OF STATE SECRETARY OF STATE

C. LEWIS NOV 2 3 2009 EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: Suite USA, Inc.
(Name of Resulting Florida Limited Company)
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:
Nancy Barnes, Paralegal
(Contact Person)
Carey, O'Malley, Whitaker & Mueller, P.A.
(Firm/Company)
712 South Oregon Avenue
(Address)
Tampa, FL 33606
(City, State and Zip Code)
For further information concerning this matter, please call:
Nancy Barnes, Paralegal at (813) 250-0577
(Name of Contact Person) (Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount:
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$155.00 Filing Fees and Certificate of \$180.00 Filing Fees and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations Division of Corporations
Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314
Tallahassee, FL 32301

FILED

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

2009 NOV 20 AM 11: 12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

(======================================	(Enter Name of Other Business Entity)		
2. The "Other Business Entity" is a <u>corporatio</u>	n 799000004589		
	corporation, limited partnership,		
first organized, formed or incorporated under	the laws of Florida		
(Enter state, or if a non-U.S. e			
on January 15, 1999			
(Enter date "Other Business Entity" was	first organized, formed or incorpora		
3. If the jurisdiction of the "Other Business E under the laws of which it is now organized, for	•		
4. The name of the Florida Limited Liability (Articles of Organization:	Company as set forth in the attached		
Suite USA LLC			
	imited Liability Company)		

Signed this 16 th day of November	20 09 .	
Signature of Member or Authorized Representa		
Signature of Member or Authorized Representative Printed Name: <u>Andrew M. O'Malley, Esq.</u>	e: ////////////////////////////////////	
Signature(s) on behalf of Other Business En	[See below for required signature(s).]	
Signature: Printed Name: Antonius L. Van Mook	Title: CEO and President	
Signature:Printed Name:		
Signature: Printed Name:		
Signature:		
Printed Name: Signature:		
Printed Name:		
Signature:Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of the Directors or Officers have not been selected, an Indiana.		
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:	
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:	
All others: Signature of an authorized person.	\$25.00 \$125.00	, ,,
<u>Fees:</u>	SEEF.	ハ つ
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

The name of the Limite Suite USA LLC (Must end with the words "Lin" "LLC.")		ny," the abbreviation "L.L.C.," or the des	ignation
ARTICLE II - Address an Liability Company is:		of the principal office of the Li	mited SE
Principal Office Addr	ess:	Mailing Address:	2009 NOV 20 SECRETARY TALLAHASS
1301 Plantation Island Du Suite 304-A	rive South	Same as Principal Offi	CE FLOR
St. Augustine, FL 32080			FIS
Signature:		egistered Office, & Registered	Agents
Signature: (The Limited Liability Comparindividual or another business entity with an active	ny cannot serve as its o	egistered Office, & Registered own Régistered Agent. You must designa	Agents
Signature: (The Limited Liability Comparindividual or another business entity with an active The name and the Flori	ny cannot serve as its o	own Régistered Agent. You must designa	Agents
Signature: (The Limited Liability Comparindividual or another business entity with an active The name and the Flori	ny cannot serve as its of Florida registration.) da street address ndrew M. O'Malley	own Régistered Agent. You must designa s of the registered agent are:	Agents
Signature: (The Limited Liability Comparindividual or another business entity with an active The name and the Flori	ry cannot serve as its of Florida registration.) da street address Indrew M. O'Malley	own Régistered Agent. You must designa s of the registered agent are: y Name Avenue	Agent's r
Signature: (The Limited Liability Comparindividual or another business entity with an active The name and the Flori	ry cannot serve as its of Florida registration.) da street address Indrew M. O'Malley	own Régistered Agent. You must designa s of the registered agent are:	Agent's r
Signature: (The Limited Liability Comparindividual or another business entity with an active The name and the Flori Article	ry cannot serve as its of Florida registration.) da street address Indrew M. O'Malley	own Régistered Agent. You must designa s of the registered agent are: y Name Avenue	Agent's r
Signature: (The Limited Liability Comparindividual or another business entity with an active The name and the Flori Article	ry cannot serve as its of Florida registration.) da street address andrew M. O'Malley 12 South Oregon arrida street address	own Régistered Agent. You must designa s of the registered agent are: y Name Avenue ess (P.O. Box <u>NOT</u> acceptable)	Agent's r

(CONTINUED) Page 1 of 2

hapter 608, F.**S**.

Registered Agent's Signature (REQUIRED)

The name and address of each M	anager or Managing Member is as lollows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Managing Member(s): anager or Managing Member is as follows: Name and Address:
MGRM	Antonius L. Van Mook 1301 Plantation Island Drive South Suite 304-A. St. Augustine, FL 32080
	(I lee attachment if necessary)
LE V: Effective date, if other than	
ective date: 1) cannot be prior nt is filed by the Florida Depar	· · · · · · · · · · · · · · · · · · ·
ective date: 1) cannot be prior nt is filed by the Florida Deparctive date listed in the attache isted therein.) REQUIRED SIGNATURE:	to nor more than 90 days after the date this tment of State; AND 2) must be the same as

\$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