# L09000120782

•		
(Requestor's Name)		
(Address)		
(Address)		
(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



12/18/09--01031--016 \*\*150.00

2005 DEC 18 PH 2: 2 SECRETARY OF STATE

2 1000

M. THOMAS

DEC 21 2009

EXAMINER

### **COVER LETTER**

<b>TO:</b> Registration Section Division of Corporation	, IS
SUBJECT: The	e of Resulting Florida Limited Company)
	nversion, Articles of Organization, and fees are submitted to tity" into a "Florida Limited Liability Company" in S.
Please return all correspondence	e concerning this matter to:
Yaret	- Barreto
(Contact	Person)
250 £	Royal Palu Rd 2-C
Bos a	Raton FC 33432
(City, State a	id Zip Code)
For further information concern	ning this matter, please call:
(Name of Contact Person)	V Per at (TO) 368 6 7 7 4 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Enclosed-is-a-check for the foll	
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	Filing Fees \$180.00 Filing Fees \$185.00 Filing Fees,
STREET-ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P. O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314

Tallahassee, FL 32301

#### 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			
Certificate of Conversion is: the Atlantic Land Company, I			
(Enter Name of Other Business Entity)			
2. The "Other Business Entity" is a Cov lovation poolooo			
(Enter entity type. Example: corporation, limited partnership,			
general partnership, common law or business trust, etc.)			
first organized, formed or incorporated under the laws of Floridge			
(Enter state, or if a non-U.S. entity, the name of the country)			
on Solution 26,2000.  (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:  The Attached Company.			
(Enter Name of Florida Limited Liability Company)			
5. If not effective on the date of filing, enter the effective date: <u>Javaw</u> , <u>2010</u> (The effective date: 1) cannot be prior to nor more than 90 days after the pate 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 23 day of Ocho	2009.		
Signature of Member or Authorized Representa	ative of Limited Liability Company:		
Signature of Member or Authorized Representative Printed Name: (a water 100 miles)	e:		
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s).]		
Signature: Printed Name: You Knip (N	Title: Proside		
Signature:	Title:		
Signature: Printed Name:	Title:		
Signature: Printed Name:	Title:		
Signature:Printed Name:	Title:		
Signature: Printed Name:	_ Title:		
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:			
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

(Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation

The mailing address and street address of the principal office of the Limited

**ARTICLE I - Name:** 

**ARTICLE II - Address:** 

"LLC.")

The name of the Limited Liability Company is:

Liability Company is:
Principal Office Address:  250 E. Royal Paluka Salua.
Boca Rator FC
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an
individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are: 500 & Valve + Ballotte
Florida street address (P.O. Box NOT acceptable)
Boca Pahn FL 3343Z 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 Chapter 608, FS.

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

# ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
_MGPM	Yanet Barnet 250 Fast Roya Boca Raton, FC 3343
	(Use attachment if necessary)
ARTICLE V: Effective date, if other than the dat  (The effective date: 1) cannot be prior to nor a document is filed by the Florida Department of the effective date listed in the attached Certificate is listed therein.)	e of filing:  (OPTIONAL)  more than 90 days after the date this of State; AND 2) must be the same as
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
Typed or printed  Filing Fees:	name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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