L10000006180

| (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



500163633715

01/15/10--01005--024 **180.00

JAN 1 9 2010 EXAMINER

COVER LETTER

TO:

Tallahassee, FL 32301

Registration Section Division of Corporations

| SUBJECT: LATIN I | MPORTS USA, LLC. | | _ | |
|---|--|----------------------------|--------------------------|--|
| | (Name of Resulting | Florida Limit | ed Company |) |
| | isiness Entity" into a ' | | | , and fees are submitted to lity Company" in |
| Please return all corr | espondence concernin | g this matter | r to: | |
| ADELFO ROQUE | | | | |
| | (Contact Person) | | | |
| CAPITAL ACCOUNTS | , INC. | | | |
| | (Firm/Company) | | | |
| 7855 NW 12th Street, Su | iite 212 | | | |
| | (Address) | | | |
| DORAL, FL 33126 | | | | |
| ((| City, State and Zip Code) | | | |
| aroque@capitalaccounts. | net | | | |
| E-mail Address: (to b | e used for future annual re | port notification | ons) | |
| For further information | on concerning this ma | tter, please o | call: | |
| ADELFO ROQUE | | at (305 |) 482-9 | 9615 |
| (Name of Conta | ct Person) | | Code and Da | aytime Telephone Number) |
| Enclosed is a check f | or the following amou | int: | | |
| □ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) | \$155.00 Filing Fees and Certificate of Status | ₹180.00 F and Certified | | □\$185.00 Filing Fees, Certified Copy, and Certificate of Status |
| STREET ADDRESS | S: | | | ADDRESS: |
| Registration Section | | | gistration | |
| Division of Corporati Clifton Building | ions | | vision of C O. Box 63 | Corporations |
| 2661 Executive Cent | er Circle | | | FL 32314 |

FILED

2010 JAN 15 PM 2: 06

Certificate of Conversion For "Other Business Entity"

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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: Latin Imports USA, Inc. |
|---|
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a Corporation POBODO 7/50 ((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) |
| (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: |
| Latin Imports USA. 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 13th day of January | _ 20 |
|---|--|
| Signature of Member or Authorized Representa | tive of Limited Liability Company: |
| Signature of Member or Authorized Representative Printed Name: Adelfo Roque | Title Member |
| Signature(s) on behalf of Other Business Entity: [| See below for required signature(s).] |
| Signature: | |
| Printed Name: Adello Roque | Title: Treasurer |
| Signature:Printed Name: | Title: |
| | |
| Signature:Printed Name: | Title: |
| Signature:Printed Name: | |
| Printed Name: | _ Title: |
| Signature:Printed Name: | _ Title: |
| | |
| Signature:Printed Name: | Title: |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc. | corporator must sign. |
| If Florida General Partnership or Limited Liabilit Signature of one General Partner. | y Partnership: |
| If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners. | m ! i ! |
| All others: Signature of an authorized person. | E.F. CRISTA |
| 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

| Δ | RT | ICI | E.I | [_] | Na | me |
|---|----|-----|-----|-------|----|----|
| | | | | | | |

The name of the Limited Liability Company is:

Latin Imports USA, LLC.

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

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:Mailing Address:7855 NW 12TH STREETPO BOX 527803Suite 211Miami, FL 33152-7803Doral, FL 33126Oral, FL 33126

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:

Name
7855 NW 12th Street, Suite 212
Florida street address (P.O. Box NOT acceptable)

Miami FL 33126-1819

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 Shapter, 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

FILED

| MGRM JORGE JIMENEZ 1901 BRICKELL AVE, APT #B-1209 MIAMI, FL 33129 MGR JORGE L. HENKLE 21479 HALSTEAD DRIVE BOCA RATON, FL 33428 MGR ADELFO ROQUE 16801 NW 83 AVENUE MIAMI LAKES, FL 33016 (Use attachment if necessary) LE V: Effective date, if other than the date of filing: (OPTIONAL) fective date: 1) cannot be prior to nor more than 90 days after the date this ent is filed by the Florida Department of State; AND 2) must be the same as ective date listed in the attached Certificate of Conversion, if an effective | Title: | Manager or Managing Member is as follows: TALLAHASSEE, FLOR |
|---|---|--|
| MGRM JORGE JIMENEZ 1901 BRICKELL AVE, APT #B-1209 MIAMI, FL 33129 MGR JORGE L. HENKLE 21479 HALSTEAD DRIVE BOCA RATON, FL 33428 MGR ADELFO ROQUE 16801 NW 83 AVENUE MIAMI LAKES, FL 33016 (Use attachment if necessary) LE V: Effective date, if other than the date of filing: (OPTIONAL) fective date: 1) cannot be prior to nor more than 90 days after the date this ent is filed by the Florida Department of State; AND 2) must be the same as excive date listed in the attached Certificate of Conversion, if an effective | "MGR" = Manager "MGRM" = Managing Membe | |
| MGR JORGE L. HENKLE 21479 HALSTEAD DRIVE BOCA RATON, FL 33428 MGR ADELFO ROQUE 16801 NW 83 AVENUE MIAMI LAKES, FL 33016 (Use attachment if necessary) LE V: Effective date, if other than the date of filing: (OPTIONAL) fective date: 1) cannot be prior to nor more than 90 days after the date this ent is filed by the Florida Department of State; AND 2) must be the same as ective date listed in the attached Certificate of Conversion, if an effective | | |
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| istad thanain) | | (Use attachment if necessary) |
| | fective date: 1) cannot be prient is filed by the Florida Depective date listed in the attaclisted therein.) REQUIRED SIGNATURE: | han the date of filing: (OPTIONAL) for to nor more than 90 days after the date this partment of State; AND 2) must be the same as |
| (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.) | fective date: 1) cannot be prient is filed by the Florida Depective date listed in the attaclisted therein.) REQUIRED SIGNATURE: Signature of a member or (In accordance with section of this document constitute) | han the date of filing: (OPTIONAL) for to nor more than 90 days after the date this partment of State; AND 2) must be the same as ched Certificate of Conversion, if an effective an authorized representative of a member. In 608.408(3), Florida Statutes, the execution is an affirmation under the penalties of perjury |

\$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