L10000009a66

(Reque	stor's Name)	
(Addres	s)	
	•	
(Addres	s)	
Chile	ate/Zip/Phone	
(City/St	ate/Zip/Phone	")
PICK-UP	WAIT	MAIL
(Busine	ss Entity Nam	e)
(Docum	ent Number)	
Certified Copies	Certificates	of Status
Certified Copies	Certificates	or otatus
Special Instructions to Filin	n Officer	
opeoidi medadiono to i mii	g 0.1110011.	
	000	_
WID 00000	1861	d

Office Use Only



500164285055

01/19/10--01045--020 **150.00

FILED

10 JAN 25 PM 3: 47
SECKETARY OF STATE

D. BRUCE

JAN 26 2010

EXAMINER

COVER LETTER

TO:

Registration Section
Division of Corporations

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

SUBJECT: MULTIPINANCIAL SERVICES OF FRORDA, LLC
(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: HOKACIO SOSA
(Contact Person) (Contact Person)

(Contact Person)

(BLOOM 6ARDEN, 60UDREA + ROSEN, P.A.

(Firm/Company)

(Firm/Company)

(Address)

(Address)

(Address)

(City, State and Zip Code)

(City, State and Zip Code) City, State and Zip Code)

1505a @ Low b gn wm

E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call: NORACIO SOSA at (954) 370-2222 (Name of Contact Person) (Area Code and Daytime Telephone Number) Enclosed is a check for the following amount: \$150.00 Filing Fees □\$155.00 Filing Fees □\$180,00 Filing Fees **□**\$185.00 Filing Fees, (\$25 for Conversion Certified Copy, and and Certificate of and Certified Copy & \$125 for Articles Status Certificate of Status of Organization) **MAILING ADDRESS:** STREET ADDRESS: Registration Section Registration Section

Division of Corporations

Tallahassee, FL 32314

P. O. Box 6327



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 20, 2010

HORDCIO SOSA BLOOMGARDEN, GOUDREAU & ROSEN, P.A. 8551 W. SUNRISE BLVD., SUITE 208 FORT LAUDERDALE, FL 33322

SUBJECT: MULTIFINANCIAL SERVICES OF FLORIDA, LLC

Ref. Number: W10000002872

10 JAN 25 PH 3: 47
SECRETARY OF STATE
FAIL AHASSEE, FLORIDA

We have received your document for MULTIFINANCIAL SERVICES OF FLORIDA, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 910A00001555

Division of Cornerations - P.O. ROX 6327 -Tallahassaa, Florida 32314

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:	
MULTIFINANCIAL SERVICES, L.L.C	·
(Enter Name of Other Business Entity)	∑ ço
2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY	ECRE
(Enter entity type. Example: corporation, limited partnership,	IAS
general partnership, common law or business trust, etc.)	SE Y
first organized, formed or incorporated under the laws of GEORGIA	10 1
(Enter state, or if a non-U.S. entity, the name of the country)	OR A
on 08/11/2009	TE A
(Enter date "Other Business Entity" was first organized, formed or incorporate	orated)
(2, v, v	,
3. If the jurisdiction of the "Other Business Entity" was changed, the state or counter the laws of which it is now organized, formed or incorporated:	ıtry
N/A	
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:	i
MULTIFINANCIAL SERVICES & TRADE OF FLORIDA, LLC	.
(Enter Name of Florida Limited Liability Company)	
5. If not effective on the date of filing, enter the effective date: N/A	•
(The effective date: 1) cannot be prior to nor more than 90 days after the dat document is filed by the Florida Department of State; <u>AND</u> 2) must be the sat effective date listed in the attached Articles of Organization, if an effective dat listed therein.)	me as the

Signed this 14 day of January	_20_ <i>10</i>	
Signature of Member or Authorized Representa	ative of Limited Liability Con	mpany:
Signature of Member or Authorized Representativ Printed Name: MIGUEL ALBERTO CARRERA	e: Min (Title: Manyaben	<u> </u>
Signature(s) on behalf of Other Dusiness Entity:	See below for required signat	ure(s).]
Signature: Printed Name: MIGUEL ALBERTO CARRERA	Title: MANAGEN	<u></u>
Signature:Printed Name:	Tido	
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 Officers have not been selected, an Inc.	Officer.	SEC
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:	FIL JAN 25 ARETARY AHASSI
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:	PH 3: 47 OF STATE
All others: Signature of an authorized person.		TE AUDA
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	CI	\mathbf{F}	I _ 1	Name	٠.

The name of the Limited Liability Company is:

MULTIFINANCIAL SERVICES & TRADE OF FLORIDA, LLC

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

ARTICLE II - Address:

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

Principal Office	Address:	Mailing Address:			
6460 NW 29TH STRI	EET	6460 NW 29TH STREE	Γ		
SUNRISE, FL 33313		SUNRISE, FL 33313		-	
Signature: (The Limited Liability Cindividual or another business entity with an	Registered Agent, Register Company cannot serve as its own Re- active Florida registration.) Florida street address of the	egistered Agent. You must designa	-	10 JAN 25	
	BLOOMGARDEN, GOUDREAU & ROS	EN, P.A.	ARY SSE	25	
	Name 8551 W. SUNRISE BLVD, SUITE 208		10 m	PH	m
	Florida street address (P	O. Box NOT acceptable)	STATE ORID	3:43	O
	FORT LAUDERDALE	FL 33322	>	7	
	City S	tate and Zin			

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, F.S.

egistered Agent's/Signature (REQUIRED)

(CONTINUEĎ) 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:

<u>Title:</u>	Name and Address:
"MGR" = Manager "MGRM" = Managing Memb	per
MGR	LUIS CARLOS ALDER
	C/O BLOOMGARDEN, GOUDREAU & ROSEN,
	8551 W SUNRISE BLVD, SUITE 208, FT. LAUD
MGR	MIGUEL CARRERA
	2073 RIDGESTONE LANDING SW
	MARIETTA, GA 30008
MGR	ANTONIO REINALDO DRAGUICEVICH
	2073 RIDGESTONE LANDING SW
	MARIETTA, GA 30008
	
	(Use attachment if necessary)
ent is filed by the Florida Descrive date listed in the attaction of the state is the state of t	(OPTIONAL) rior 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
of this document constitute	on 608.408(3), Florida Statutes, the executionses an affirmation under the penalties of perjury facts stated herein are true.)
MIGUEL C	
	ARRERA
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