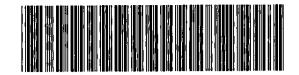
# 1000025587

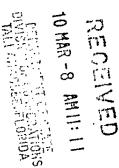
(Requestor's Name	e)
(Address)	
(Address)	
(City/State/Zip/Pho	ne #)
PICK-UP WAIT	MAIL
(Business Entity N	ame)
(Document Numbe	er)
Certified Copies Certificat	es of Status
Special Instructions to Filing Officer:	

Office Use Only



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B. KOHR

MAR - 8 2010

**EXAMINER** 

### EXPRESS CORPORATE FILING SERVICE INC. Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101
Address

CORAL GABLES, FL 33134 (305) 444-4994 City/State/Zip Phone # OMAR OF CONSORTORS

OFFICE USE ONLY

#### CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

111 01111111111111111111111111111111111	,
UNITED NET	WORKING SOLUTIONS, INC
•	\(\frac{1}{2} = 2 = 2 \tau \tau \tau \tau \tau \tau \tau \tau
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
(Corporation Name)	(Dacument #)
☐ Walk in Pick up	timeCertified Copy
Mail out Will wait	it Photocopy Certificate of Status
NEW FILINGS	AMENDMENTS 2.5
Profit	Amendment
NanProfit	Resignation of R.A., Officer/ Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger
OTHER FILINGS	REGISTRATION/
Annual Report	QUALIFICATION
Fictitious Name	Foreign
Name Reservation	Limited Partnership

CR2E031(9/92)

to LLC.

Other Conversion

Reinstatement

Trademark

Examiner's Initials



## 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: UNITED NETWORKING SOLUTIONS, INC	PU9UUU1 UU49Z
(Enter Name of Other Business Entity	y)
2. The "Other Business Entity" is a CORPORATION  (Enter entity type. Example: corporation, limited general partnership, common law or business	
first organized, formed or incorporated under the laws of FLORID	DA
(Enter state, or if a non-U.S. entity, the name of	the country)
on 12/15/2009 effective 1/1/2010	
(Enter date "Other Business Entity" was first organized, fo	rmed or incorporated)
3. If the jurisdiction of the "Other Business Entity" was changed under the laws of which it is now organized, formed or incorporation of the state	
4. The name of the Florida Limited Liability Company as set for Articles of Organization:	th in the attached
UNITED NETWORKING SOLUTIONS, LLC.	
(Enter Name of Florida Limited Liability Co	ompany)
5. If not effective on the date of filing, enter the effective date: 01	-01-2010
(The effective date: 1) cannot be prior to nor more than 90 date document is filed by the Florida Department of State; <u>AND</u> 2) effective date listed in the attached Articles of Organization, is listed therein.)	ays after the date this must be the same as the

Signed this 1ST	_day of MARCH	$20^{10}$	
Signature of Membe	r or Authorized Repre	sentative of Limited Lia	Mity Company:
	or Authorized Represen ON CARMONA		
		ity: [See below for require	
Signature: Printed Name: EMERS	CARMONA	Title: PRESIDENT	
		Title:	
		Title:	
Signature: Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
		Title:	
	Vice Chairman, Directo	r, or Officer. an Incorporator must sign.	
If Florida General Pa Signature of one Gener	rtnership or Limited Li al Partner.	ability Partnership;	
If Florida Limited Pa Signatures of <u>ALL</u> Ger		ability Limited Partnersh	nip:
All others: Signature of an authori	zed person.		

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMP

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

#### UNITED NETWORKING SOLUTIONS, 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:	<u>Mailing</u>	Address:
6850 CORAL WAY		POST OF	FICE BOX 431258
SUITE 205		MIAMI I	FL 33143
MIAMI FL 33155			
Signature: (The Limited Liability Cindividual or another	Registered Agent, Regicompany cannot serve as its own active Florida registration.)	·	
•	Florida street address o	f the registered a	igent are:
	EMERSON CARMONA		
	6850 CORAL WAY - SU	Name ITE 205	
	Florida street address	(P.O. Box <b>NO1</b>	acceptable)
	MIAMI FL 33155	FL	
	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, F.S..

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:

	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	EMERSON CARMONA
	POST OFFICE BOX 431258
	MIAMI FL 33143
	,
	***************************************
	(Use attachment if necessary)
	(Use attachment if necessary)
LE V: Effective date, if other than the	e date of filing: 01-01-2010
	e date of filing: 01-01-2010 (OPTIONAL)
nt is filed by the Florida Departme	e date of filing: 01-01-2010
ective date: 1) cannot be prior to not is filed by the Florida Departmentive date listed in the attached (sisted therein.)  REQUIRED SIGNATURE:	e date of filing: 01-01-2010 (OPTIONAL) nor more than 90 days after the date the ent of State; AND 2) must be the same after tificate of Conversion, if an effective
ective date: 1) cannot be prior to not is filed by the Florida Departmentive date listed in the attached (sisted therein.)  REQUIRED SIGNATURE:	e date of filing: 01-01-2010 (OPTIONAL) nor more than 90 days after the date th ent of State; <u>AND</u> 2) must be the same a
rective date: 1) cannot be prior to an is filed by the Florida Departmentive date listed in the attached disted therein.)  REQUIRED SIGNATURE:  Signature of the member or an au  (In accordance with section 608.	e date of filing: 01-01-2010  (OPTIONAL)  nor more than 90 days after the date the ent of State; AND 2) must be the same a Certificate of Conversion, if an effective other interesting athorized representative of a member.  408(3), Florida Statutes, the execution
ective date: 1) cannot be prior to an is filed by the Florida Departmentive date listed in the attached disted therein.)  REQUIRED SIGNATURE:  Signature of a member or an automatic of this document constitutes an attached to the section of this document constitutes an attached to the section of the sectio	e date of filing: 01-01-2010 (OPTIONAL) nor more than 90 days after the date the ent of State; AND 2) must be the same a Certificate of Conversion, if an effective other interesting and the entire of the entire o
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