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Certified Copies	_ Certificates	of Status		
Special instructions to	Filing Officer:			
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Office Use Only



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March 10, 2010

MARIA A. VALENCIA 4559 LEONARD BLDV. S. LEHIGH ACRES, FL 33973

SUBJECT: KPRICHOS

Ref. Number: W10000012150

We have received your document for KPRICHOS and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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 amend your document accordingly.

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) 245-6094.

Letter Number: 310A00005961

Agnes Lunt Regulatory Specialist II

Division of Corporations DO ROY 6227 Tallahassas Florida 22214

COVER LETTER

Division of Corporations				
Division of Corporations				
SUBJECT: Price	~o S			
(Name of Resultin	g Florida Limited Company)			
The enclosed Certificate of Conversion, A convert an "Other Business Entity" into a accordance with s. 608.439, F.S.				
Please return all correspondence concerni	ng this matter to:			
Maria A. Valencia (Contact Person)	a			
(Firm/Company)	4			
4559 Leonard Blva (Address)	<u>/ S.</u>			
Lewingh Acres FL (City, State and Zip Code)	33973			
1 1	eport notifications)			
For further information concerning this ma	atter, please call:			
Orbey MoHato	at (239) 265 49.	<u>53</u>		
(Name of Contact Person)	(Area Code and Daytime Telephone N	umber)		
Enclosed is a check for the following amo	unt:			
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\square{1}\$\$ \$155.00 Filing Fees and Certificate of Status	■\$180.00 Filing Fees and Certified Copy Certified Copy, at Certificate of State	nd		
STREET ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
lifton Building 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:					
(Enter Name of Other Business Entity)					
(Enter Name of Other Business Entity)					
2. The "Other Business Entity" is a <u>Corporation</u> .					
(Enter entity type. Example: corporation, limited partnership,					
general partnership, common law or business trust, etc.)					
first organized, formed or incorporated under the laws of The STOTE of Flor					
(Enter state, or if a non-U.S. entity, the name of the country)					
on September 25, 2009 (Enter date "Other Business Entity" was first organized, formed or incorporated)					
(Enter date Other Dusiness Entity was first of ganized, for med of mediporated)					
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:					
(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; <u>AND</u> 2) must be the same as the effective date is the effective date is					
listed therein.)					

Signed this 4 day of March	20_10
Signature of Member or Authorized Representa	
Signature of Member or Authorized Representative Printed Name: Maria A. Volencia	e: X Jana J. Valena & Title: manager Munichan
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s).]
Signature: X Jana A. Valena, Printed Name: Maria A. Valena	a Title: president
Signature:	•
Printed Name:	Tide.
	Fig. 2
Signature:Printed Name:	
Printed Name:	Title:
Signature:	ASS 22
Signature:Printed Name:	_Title:
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Signature:	SP
Printed Name:	Title:
Printed Name: Signature: Printed Name: Signature:	<i></i>
0	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of the Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:
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

ARTICLE I - Name:

The name of the Limited Liability Company is:

w/Pikishi	Keri	chos L	L.C.	
(Mu "LL	st end with the words "Limited Liab C.")	ility Company," the abb	reviation "L.L.C.," or the design	ation
The	TICLE II - Address: e mailing address and street bility Company is:	address of the pri	ncipal office of the Limi	ted
<u>Pri</u>	ncipal Office Address:		Mailing Address:	
	3228 Fowler st Et Myers FL	33901	11559 Leon Lehigh Acres	end olveds. FL 33973
Sig (The indiv	TICLE III - Registered A nature: Limited Liability Company cannot vidual or another iness entity with an active Florida re	serve as its own Registe	_	R 22 PM TARY OF ASSEE, FI
The	name and the Florida stree	et address of the re	gistered agent are:	-: 39
Mari	a A. Valereia	NI	1	> G
	4539 Florida stro	Name Leon and eet address (P.O. 1	Box NOT acceptable)	
	Lekno	LACITY, State,	<u>FL 33らつ3</u> , and Zip	
	Having been named as regist bove stated limited liability c			

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MODE (Use attachment if necessary) rri **ARTICLE V:** Effective date, if other than the date of filing:

(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 Certificate of Conversion, if an effective date is listed therein.)

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(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.)

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