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SCORETARY OF STATE
FALLAHASSEE; FLORIDA

FILING CANCELLED RETURNED CHECK

S. HAWKES

APR 1 5 2010

EXAMINER



March 16, 2010

LIZETTE RODRIGUEZ DESIGNHOUSE 1880 CORAL GATE DRIVE CORAL GABLES, FL 33145

SUBJECT: SPINNING KONCEPTS INC.

Ref. Number: P06000012224

We have received your document for SPINNING KONCEPTS INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A Florida corporation cannot change to a Florida limited liability company by filing articles of amendment pursuant to section 607.1006, Florida Statutes. Enclosed is information regarding converting to a limited liability company should this be the intention of this filing. Please note applicable fees.

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) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 810A00006438

We have a credit of \$35.00. Please

finel a cheek in the amount of \$1\_115.00

that reflects the difference.

800177019818

We have a credit of \$35.00. Please

Thank you.

We Rodrigued

305 305 0949

### **COVER LETTER**

TO: Registration Section Division of Corporations	•			
SUBJECT: Design (Name of Resultin	nhouse Group, LLing Florida Limited Company)			
The enclosed Certificate of Conversion, A convert an "Other Business Entity" into a accordance with s. 608.439, F.S.	Articles of Organization, and fees are submitted to "Florida Limited Liability Company" in			
Please return all correspondence concerni	ng this matter to:			
Lize He Rodriguez (Contact Person)				
Designhouse Grou	o lec			
(Firm/Company)	Prive			
(Firm/Company)  1880 Coral Gate Prive  (Address)  (Address)				
Coral Gables, F( 33145  (City, State and Zip Code)  Liz @ design house — group · Com  E-mail Address: (to be used for future annual report notifications)				
E-mail Address: (to be used for future annual report notifications)				
For further information concerning this m				
(Name of Contact Person)	at ( 305 ) 365 094 9 (Area Code and Daytime Telephone Number)			
Enclosed is a check for the following amo				
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\$155.00 Filing Fees and Certificate of Status				
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314			

### FILING CANCELLED RETURNED CHECK

## 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:  Spinning Koncepts Ine  (Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of
on 1-10-2006 (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:
Designhouse Group LLC
(Enter Name of Florida Limited Liability Company)

Signed this 22 day of March	20 <u>10</u> .
Signature of Member or Authorized Representa	tive of Limited Liability Company:
Signature of Member or Authorized Representative Printed Name: Lizette Rodriguez	Title: Partner.
Signature(s) on behalf of Other Business Entity:	See below for required signature(s).]
Signature: Lizette Rodriguez Printed Name: Lizette Rodriguez	Title: Partner
Signature: Kodrisus Printed Name: Lizette Rodrisus Signature: X Printed Name: Grefil Vinas Signature:	Till - Parting
Printed Name: 678 Rt 777003	_ little:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
	min N
Signature:Printed Name:	Title: POE
Signature:Printed Name:	Titla
	_ Title
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	
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.	y Limited Partnership:
All others: Signature of an authorized person.	
<u>Fees:</u>	
Certificate of Conversion:  Fees for Florida Articles of Organization:  Certified Copy:  Certificate of Status:	\$25.00 - \$150 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liabi	lity Company is:		
Design ho (Must end with the words "Effinited Liab	use Grou	so, L.L	<u>C.,</u>
(Must end with the words "Elimited Liab "LLC.")	ility Company," the abbreviation	n <b>L</b> .L.C.," or the designa	tion 6
		•	PRILE
ARTICLE II - Address:	11 61 11	CC	智力を
The mailing address and street	address of the principal	office of the Limit	ed Fig.
Liability Company is:			第二 至
Principal Office Address:	<u>Mail</u>	ing Address:	11.5 11.5 15.0
1880 Coral Gale	Ocus	44	沙鲁节
Coral Gables, Fl	23145		<del></del>
Coron Capita, Pi			
			<del></del>
ARTICLE III - Registered A	gent, Registered Office	e, & Registered Ag	gent's
Signature:	n 1		
(The Limited Liability Company cannot individual or another	serve as its own Registered Age	nt. You must designate ar	1
business entity with an active Florida re	egistration.)		
The name and the Florida stree	et address of the register	ed agent are:	
Lizelt	e Rodrijuez	•	
1880	Coral Bate	Prive	
Florida str	eet address (P.O. Box N	OT acceptable)	
4			
	oral GablesFL		
	City, State, and Z	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)

(CONTINUED) 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> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
M6RM	Lizelte Rodriguez
AAC 10 44	Coral Gables, Fl 33145
<u>M6RM</u>	Grekl Vinus  1880 Coral Gate Price  Coral Gables, FC 33/45
	10 8 F
<del></del>	(Use attachment if necessary) FIST ?
ARTICLE V: Effective date, if other than the dat	e of filing: OPTIONAL)
(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.)	more than 90 days after the date this of State; <u>AND</u> 2) must be the same as
REQUIRED SIGNATURE:	Polisi
Signature of a member or an author	rized 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