# L10000044753

•				
(Requestor's Name)				
(Address)				
(Address)				
(City/Chaha /Zin/Dhawa 49				
(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



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04/26/10--01037--024 \*\*150.00

SECRETARY OF STATE FALLAHASSEE, FLORIDA

J. BRYAN

APR 2 7 2009

**EXAMINER** 

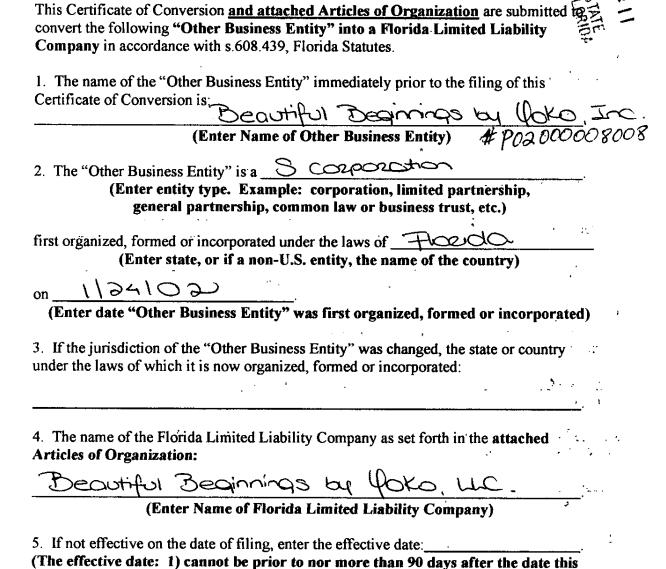
### Certificate of Conversion

For

## "Other Business Entity"

Into

#### Florida Limited Liability Company



document is filed by the Florida Department of State; <u>AND</u> 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is

listed therein.)

· An		
Signed this day of	20(\)	
Signature of Member or Authorized Represent	ative of Limited Liability Compan	ıv:
Signature of Member or Authorized Representative Printed Name: VCK C TOXER	re: Tille: VP	
Signature(s) on behalf of Other Business Entity:	See below for required signature(s	).]
Signature: Colo Colo		
Printed Name: YOYO TAZOT	Title: _\sqrt{P}	<u> </u>
Signature: 5.1	72	45
Printed Name: ASSEAN TREES	Title:	景五
Signature:		温る「
Printed Name:		語の語
Signature:Printed Name:		TSI &
		품 -
Signature:Printed Name:	Title	<del></del>
•		
Signature:Printed Name:	Title	<del></del>
		<del>_</del>
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer	
If Directors or Officers have not been selected, an In		
If Florida General Partnership or Limited Liabili	ty Partnership:	
Signature of one General Partner.		
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:	
Signatures of <u>ALL</u> General Partners.	•	
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

The name of the	Dimited Eldonity Company	
Beaut	eprinnipal lifti	s by foxo, there exces T
(Must end with the w "LLC.")	vords "Limited Liability Company," th	ne abbreviation "L.L.C.," or the designation T
ARTICLE II -		mg 3
		e principal office of the Limited
Liability Compa	any is:	A STATE OF
Principal Offic	e Address:	Mailing Address:
951 Br	ickels Avorve	951 BOCKELL AVENUE
# 2602		<b>*</b> 2602
MiAMI IT	<u>( ,33131                                </u>	MIXHI TE 33131
ARTICLE III	- Registered Agent. Registe	red Office, & Registered Agent's
individual or another business entity with		egistered Agent. You must designate an
individual or another business entity with	an active Florida registration.)	
individual or another business entity with	an active Florida registration.)  he Florida street address of the TA	
individual or another business entity with	an active Florida registration.)  he Florida street address of the	ne registered agent are:
individual or another business entity with	an active Florida registration.)  he Florida street address of the	he registered agent are:  12015  ame 2102
individual or another business entity with	an active Florida registration.)  the Florida street address of the Florida street address (P	ne registered agent are:  A TOTE  ame  O NOT acceptable)

# 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" = Manag		
"MGRM" = Mai	laging Member	
$\mathcal{P}$		ADRIAN TREJO
	,	951 Becases the of 2600
		LIDM: FE , 33131
NO		
- VP		Yord Torse
		951 Beccoll the 4 3600
		MAH! FC 33.31
· · · · · · · · · · · · · · · · · · ·	<del></del>	
,		PACE 20
	<u></u>	22 C
	<del>_</del>	\$3.50 M
	·	T9 3
		(Use attachment if necessary)
I E V. Effortive	data if athor than the d	late of Glinar
LE V. Ellective	date, if other than the d	(OPTIONAL)
fective date: 1)	annot be prior to no	r more than 90 days after the date this
		t of State; AND 2) must be the same as
ective date listed	in the attached Cer	rtificate of Conversion, if an effective
listed therein.)		
DECLUBED OF	CHAI A GENETANAN	
REQUIRED SIG	JNATURE:	
	10101	(000)
Signature of	a member or an auth	orized representative of a member.
	)	•
(In accordan	ce with section 608.40	8(3), Florida Statutes, the execution
of this docum	ent constitutes an affir	mation under the penalties of perjury
	inat the facts state	ed herein are true.)
	YOKOT	$\mathbb{C}^{\mathfrak{p}}$
	Typed or printe	d name of signee
	Typed or printer	d 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)