L1000048205

(Requestor's Name)	
(Address)	
(Address)	
(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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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

Division of Corporations			
SUBJECT: Ampire, 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:			
Valerie Major			
(Contact Person) A C T C (Firm/Company)			
(090 SW 1 St C+ #3707 (Address)			
Miami, FL 33130 (City, State and Zip Code)			
For further information concerning this matter, please call:			
Valence Moyor at (305) 747-3436 (Name of Contact Person) (Area Code and Daytime Telephone Number)			
Enclosed is a check for the following amount:			
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$150.00 Filing Fees and Certificate of \$180.00 Filing Fees and Certified Copy Certified Copy, 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			

FILED 10 MAY -3 AM 10: 52 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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: AMPire, Inc. POT-22910 (Enter Name of Other Business Entity)			
(Enter Name of Other Business Entity)			
2. The "Other Business Entity" is a			
first organized, formed or incorporated under the laws of			
on			
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:			
AMPIRE, LLC			
(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; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is			
listed therein.)			

Signed this 28 day of April		
Signature of Member or Authorized Representative of Limited Liability Company:		
Signature of Member or Authorized Representative Printed Name: YAOFRI PROJUIT	Field: Mey R	
Signature(s) on behalf of Other Business Entity:	See below for required signature(s).]	
Signature: Val Major Printed Name: Valerie Major	Title: President	
Signature:Printed Name:	Title:	
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 Officer. If Directors or Officers have not been selected, an Incorporator must sign.		
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.		
If Florida Limited Partnership or Limited Liability 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 Limited Liability Compa	ny is:
AMPIRE, LLC	
(Must end with the words "Limited Liability Company, "LLC.")	"the abbreviation "L.L.C.," or the designation
ARTICLE II - Address:	
The mailing address and street address of Liability Company is:	the principal office of the Limited
Principal Office Address:	Mailing Address:
72 00 NM 666F	690 SW 1st Ct
MIAM 1, FL 33/66	Unit #2727
	MIAMILIFE 33130
Signature: (The Limited Liability Company cannot serve as its own	MIAWIJ FL 33130 stered Office, & Registered Agent
Signature: (The Limited Liability Company cannot serve as its own individual or another business entity with an active Florida registration.)	MIAWI, FC 33136 stered Office, & Registered Agent Registered Agent. You must designate an
Signature: (The Limited Liability Company cannot serve as its owr individual or another business entity with an active Florida registration.)	MIAWI, FC 33136 stered Office, & Registered Agent Registered Agent. You must designate an
Signature: (The Limited Liability Company cannot serve as its own individual or another business entity with an active Florida registration.) The name and the Florida street address of Lauld Western 16(91)	MIAMILE 33130 Stered Office, & Registered Agent Registered Agent. You must designate an The registered agent are: SUMWELL CH, JUL Name STADE
The name and the Florida street address of $\frac{24010 W}{16(91 N) u}$	MIAWI, FL 33136 stered Office, & Registered Agent Registered Agent. You must designate an

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:

Title:	Name and Address:			
"MGR" = Manager				
"MGRM" = Managing Member	0.11			
MGK	Yader Padula			
	7222 NW S6 Street			
	MIAMI, FZ 33166			

	(Use attachment if necessary)			
	(Ose attachment is necessary)			
ARTICLE V: Effective date, if other than the d	ate of filing:			
(m) 40 st 1 st 4	(OPTIONAL)			
(The effective date: 1) cannot be prior to not document is filed by the Florida Department				
the effective date listed in the attached Cer				
date is listed therein.)				
,				
REQUIRED SIGNATURE: \bigwedge	<u></u>			
	A A A A A A A A A A A A A A A A A A A			
Signature of a member or an auth	orized representative of a member 3			
•				
(In accordance with section 608.40 of this document constitutes an affir	8(3), Florida Statutes, the execution in the matter of perilling			
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of persent that the facts stated herein are true.)				
Yader!	Padulla 55			
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)