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Jalen Accounting Services 8181 NW 36 Street 6-A				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
WI-22335				

Office Use Only

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D. BRUCE

MAY 17 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 7, 2010

JALEN ACCOUNTING SERVICESS 8181 NW 36TH STREET 6-A DORAL, FL 33166

SUBJECT: INVERSIONES CJT 2010, LLC

Ref. Number: W10000022335

We have received your document for INVERSIONES CJT 2010, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Organization, if any.

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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 010A00011532

TO MAY ILL PH L: 28

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: INVERSIONES CJT 2010, CORPORATION				
(Enter Name of Other Business Entity)				
2. The "Other Business Entity" is a CORPORATION (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)				
first organized, formed or incorporated under the laws of FLORIDA (Enter state, or if a non-U.S. entity, the name of the country)				
				
119	MAY IL PH			
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:	PM L: 22			
INVERSIONES CJT 2010, 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 ²⁴	day of MARCH	2010	,
Signature of Memi	ber or Authorized Repre	sentative of Limited Liability Co	mpany:
Signature of Membe	er or Authorized Represen	ntative:	
Printed Name: CARL	US NAVA	Title: MGRM	
Signature(s) on beli	alf of Other Business Ent	ity: [See below for required signa	ture(s).]
Signature:	OCNIAVA	THE DREGIDENT	
Printed Name/CARL	OS NAVA	Title: PRESIDENT	
Signature:			
Printed Name:		Title:	
.			
Signature:	·	Title:	
Printed Name:		1 ine:	
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Signature:		·	
Printed Name:		Title:	
<u>If Florida Corporat</u>			
	an, Vice Chairman, Directo		•
If Directors or Office	ers have not been selected,	an Incorporator must sign.	
If Florida General I	Partnership or Limited Li	ability Partnership:	
Signature of one Gen			
If the side I to the 1 T	Daniel	LUMA TOMA DO A STA	200
Signatures of ALL G		ability Limited Partnership:	ر د د د د د د د د د د د د د د د د د د د
Orginatares of ALL C	onerar i armors.		最高 等
All others:			SS.
Signature of an author	rized person.		- □ 1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
INVERSIONES CJT 2010, 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:	Mailing Address	<u>s:</u>	
8181 NW 36TH STREET SUIT	E 6-A 8181 NW 36TH ST	STE 6-A	
DORAL, FL. 33166	DORAL, FL. 33166		
Signature: (The Limited Liability Company car individual or another business entity with an active Florid	treet address of the registered agent are:	signate an	
CARLOS NA			
11321 N	Name N 30 PL	PFS PH	
Florida street address (P.O. Box NOT acceptable)			
SUNRISI	FL 33323		
	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)

(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				
MGRM	CARLOS NAVA			
 	11321 NW 30 PL			
	SUNRISE, FL. 33323			
MGRM	MARIA CATALINA PEREZ			
	11321 NW 30 PL			
	SUNRISE, FL. 33323			
	(Use attachment if necessary)			
ARTICLE V: Effective date, if other than the d				
(The offective date. 1) connect he prior to no	(OPTIONAL)			
(The effective date: 1) cannot be prior to no document is filed by the Florida Departmen				
the effective date listed in the attached Ce	rtificate of Conversion, if an effective			
date is listed therein.)				
· // /\				
<u>required</u> signature	7 cm			
	6 70			
	A Contract of the Contract of			
Signature of a member or an auth	orized representative of a member.			
(In accordance with section 608.40	8(3), Florida Statutes, the execution			
of this document constitutes an affir	mation under the penalties of perjurge [7]			
that the facts state	ed herein are true.) 55 £			
CARLOS NAVA	2 C			
	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)

Page 2 of 2