*L100000072417

(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)	_	
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
A. LUNT		
- •		
JUL -9 2010		
EXAMINER		

Office Use Only



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2010 JUL -8 AM 10:55 SECRETARY OF STATE ALLAHASSEE, FLORIDA

COVER LETTER

Tallahassee, FL 32301

TO:	Registration S Division of C					
SHR	IECT: VICBAG	•				
SUD	EC1.		Florida Limited Con	npany))	_
conve		siness Entity" into a "			and fees are submitted ity Company" in	
Pleas	e return all corre	espondence concerning	g this matter to:		VII AHAA	- JUL 0162
MAR	TTI KALKAS				14.2 14.2 14.2 14.2 14.2 14.2 14.2 14.2	-8
		(Contact Person)	<u> </u>		<u>പ്</u> ഫെ	. A
KALK	AS BUSINESS S	ERVICES			;_``` ?;;	4 612
		(Firm/Company)				1 en
245 S	E IST STREET SU	JITE 225			r	
		(Address)				
MIAN	41, FL 33131					
	((City, State and Zip Code)				
MJKA	LKAS@BELLSO	UTH.NET				
E-1	nail Address: (to b	e used for future annual re	port notifications)			
For fu	ırther informati	on concerning this ma	tter, please call:			
MAR	TTI KALKAS		_at (305	577-9	9716	_
	(Name of Conta	ict Person)	(Area Code	and Da	aytime Telephone Number)	١
Enclo	sed is a check f	or the following amou	nt:			
(\$25 fo & \$12	50.00 Filing Fees or Conversion 5 for Articles anization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Copy		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
Regis Divis Clifto	EET ADDRES stration Section ion of Corporat on Building	ions	Registra Division P. O. Bo	ation to n of C ox 63	Corporations 27	
2661	Executive Cent	er Circle	Tallaha	ssee,	FL 32314	

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)
2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY (Enter entity type Example: corporation limited partnership.
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of DELAWARE
(Enter state, or if a non-U.S. entity, the name of the country)
on 01/01/2006 (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:
DELAWARE
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
VICBAG LLC .
(Enter Name of Florida Limited Liability Company)
5. If not effective on the date of filing, enter the effective date: 07/01/2010
(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.)

, , , , , , , , , , , , , , , , , , ,	10	
Signed this 30TH day of JUNE		
Signature of Member or Authorized Representa	ative of Limited Liability Company:	
Signature of Member or Authorized Representative Printed Name: MARTTI KALKAS	Ind Kee	
Printed Name: MARTTI KALKAS	Title: AUTHORIZED REPRESENTATIV	E
Signature(s) on behalfof Other Business Entity:	See below for required signature(s).	
Signature: Clark Les	<u></u>	
Printed Name: MARTTI KALKAS	Title: AUTHORIZED REPRESENTATI	
	Ä.e.	2
Signature:	The state of the s	. <u> </u>
Printed Name:	Title:	- ⋛
Signature:	SSS SSS	3
Printed Name:	Title:	~
		AH III
Signature:Printed Name:	Title:	(ID)
rimed Name.	Tide.	ලා බා
Signature:		-
Printed Name:	Title:	_
Signature		
Signature:Printed Name:	Title:	-
If Florida Corporation:	0.07	
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In		
in Directors of Officers have not occur selected, an in	corporator must sign.	
<u>If Florida General Partnership or Limited Liabili</u>	ty Partnership:	
Signature of one General Partner.		
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:	
Signatures of ALL General Partners.		
4.00		
All others: Signature of an authorized person.		
Signature of an audiorized person.		
Fees:		
Certificate of Conversion:	\$25.00	
Fees for Florida Articles of Organization:	\$125.00	
Certified Copy:	\$30.00 (Optional)	
Certificate of Status:	. \$5.00 (Optional)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the	Limited Liability	Company is:	
VICBAG LLC			
(Must end with the wor"LLC.")	ds "Limited Liability C	Company," the abbreviation "L.L.C.," or the desi	gnation CAE
ARTICLE II - A	ddress:		ASS
The mailing addr	ess and street add	lress of the principal office of the Lir	nited :
Liability Compar	ıy is:		
Principal Office	Address:	Mailing Address:	STATE CORIGI
14 NE 1ST AVE			
SUITE 902			
MIAMI, FL 33131			
Signature: (The Limited Liability individual or another		t, Registered Office, & Registered as its own Registered Agent. You must designat ation.)	_
The name and the	e Florida street ad	ldress of the registered agent are:	
	MARTTI KALKAS		
		Name	_
	245 SE 1ST ST STE 225		
	Florida street a	address (P.O. Box NOT acceptable)	
	MIAMI	pi 33131	

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

Registered Agent's Signature (REQUIRED)

City, State, and Zip

(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:

"MGR" = Manager "MGRM" = Managing Member				
MGRM	DJAMAL BELLEHCHILI			
	10 SQUARE LEON BLUM			
	PUTEAUX 92800 FRANCE ≥ 6: 🔀			
	D7:			
				
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	—————————————————————————————————————			
	<u> </u>			
				
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	(Use attachment if necessary)			
ICLE V: Effective date, if other than t	he date of filing: 07/01/2010			
	(OPTIONAL)			
ment is filed by the Florida Departr	o nor more than 90 days after the date this nent of State; <u>AND</u> 2) must be the same as Certificate of Conversion, if an effective			
REQUIRED SIGNATURE:	\sim			

(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