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(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:

L. SELLERS

AUG - 2 2010

EXAMINER

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SECRETARY OF STATE

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	LLC MANAGEMEN	NT, LLC	
SUBJECT.		Florida Limited Company	/)
The enclosed Certific convert an "Other Bu accordance with s. 60	siness Entity" into a "	-	, and fees are submitted to lity Company" in
Please return all corre	espondence concerning	g this matter to:	
Lisa Cabrera, Corporate I	Paralegal		
	(Contact Person)		
Vandeventer Black LLP			
	(Firm/Company)		
101 W. Main St., 500 Wo	orld Trade Center		
	(Address)		
Norfolk VA	23510		
(C	City, State and Zip Code)		
E-mail Address: (to be	used for future annual re	port notifications)	
For further information	on concerning this ma	tter, please call:	
Lisa Cabrera		at (757) 446-	8544
(Name of Contac	et Person)		Paytime Telephone Number)
Enclosed is a check for	or the following amou	nt:	
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	■\$180.00 Filing Fees and Certified Copy	□\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons er Circle	MAILING A Registration Division of OP. O. Box 63 Tallahassee,	Section Corporations 327

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:				
LLC MANAGEMENT, LLC				
(Enter Name of Other Business Entity)				
2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY (Enter entity type. Example: corporation, limited partnership,				
general partnership, common law or business trust, etc.)				
first organized, formed or incorporated under the laws of VIRGINIA				
(Enter state, or if a non-U.S. entity, the name of the country)				
on July 7, 2004				
(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:				
LLC MANAGEMENT, 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				

Page 1 of 2

Signed this	day of JULY	20 ¹⁰
Signature of M	Member or Authorized Represent	tative of Limited Liability Company:
	lember or Authorized Representativ	
Signature(s) on	behalf of Other Business Entity:	[See below for required signature(s).]
Signature:	RANDY SHAPIRO	Title: Authorized Representative
		Title:
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:_		Title:
Signature:		Title:
er.		
		Title:
If Florida Corp		
_	airman, Vice Chairman, Director, or Officers have not been selected, an In	
If Florida Gene	eral Partnership or Limited Liabili	ity Partnership:
Signature of one	e General Partner.	
	ted Partnership or Limited Liabili LL General Partners.	ty Limited Partnership:
All others: Signature of an a	authorized person.	
Fees:		
Fees for Certified	ate of Conversion: Florida Articles of Organization: d Copy: ate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	-	 ~	~~	-	-	-	
А	ж	 	.H.		_ N	i A M	ne:

The name of the Limited Liability Company is:

LLC MANAGEMENT, 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:

17380 DUNEDEN COURT BOCA RATON, FL 33496

17380 DUNEDEN COURT **BOCA RATON, FL 33496**

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another

business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

S & S Management Enterprises, Inc.

Name

17380 DUNEDEN COURT

Florida street address (P.O. Box NOT acceptable)

BOCA RATON

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 certifi $oldsymbol{abs} A$ $oldsymbol{I}$ $oldsymbol{arphi}$ hereby accept the appointment as registered agent and agree to act in the 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)

Randy Shapiro, President, S & S Management Enterprises, Inc.

(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	
Managing Managing	
MGR	JARED P. SHAPIRO
	17380 DUNEDEN COURT
	BOCA RATON, FL 33496
·	
	(Use attachment if necessary)
CLE V: Effective date, if other than the	
	(OPTIONAL)
	or more than 90 days after the date this
	nt of State; AND 2) must be the same as ertificate of Conversion, if an effective
s listed therein.)	
,,	1
REQUIRED SIGNATURE:	$\langle \langle \rangle \rangle$
1001//	(X_1, X_2, I)
- Chile	
Signature of a member or an aut	horized representative of a member.
(In accordance with section 608.4	08(3), Florida Statutes, the execution
of this document constitutes an affi	irmation under the penalties of perjury
	ted herein are true.)
RANDY SHAPIRO, AUTHORIZED RE	PRESENTATIVE
Typed or print	
· - ·	ed name of signee
	ed name of signee
Filing Fees:	ed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)
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