# 10000101920

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
[a
Special Instructions to Filing Officer:
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Office Use Only



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SECRETARY OF STATE
DIVISION OF CORPORATION

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:	ORDONEZ			<u></u>
	(Name of Resulting	g Florida Limited C	ompany)	
	rtificate of Conversion, A r Business Entity" into a s. 608.439, F.S.			itted to
Please return all	correspondence concernir	ng this matter to:		
_ Joy	(Contact Person)	enTO	_	
			_	
	(Firm/Company)	1		
5560 M	etrowest Di	d #309	·/	
	(Address)		_	
Orla	(Address)  Machine FL 32  (City, State and Zip Code)	2811		
	(City, State and Zip Code)	<u> </u>	_	
	•			
E-mail Address:	(to be used for future annual re	eport notifications)	_	
For further inform	nation concerning this ma	itter, please call:		
		at (		
(Name of C	Contact Person)	(Area Code	) e and Daytime Telephone Nun	nber)
Enclosed is a che	ck for the following amou	unt:		
\$150.00 Filing Fe (\$25 for Conversion & \$125 for Articles of Organization)		\$180.00 Filing and Certified Co		,
STREET ADDR Registration Sect Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL	ion orations Center Circle	Regist Divisio P. O. E	ING ADDRESS: ration Section on of Corporations Box 6327 assee, FL 32314	



September 20, 2010

JOYCE MASCIMENTO 5560 METROWEST BLVD #304 ORLANDO, FL 32811

SUBJECT: ORDONEZ FLOOR COVERING LLC

Ref. Number: W10000044004

We have received your document for ORDONEZ FLOOR COVERING 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 Certificate of Conversion must state the effective date of the conversion. The effective date 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 of the conversion under the laws governing the other business entity.

Please note this document was received in our office on 09/17/10.

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) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 110A00022283

SECRETARY OF STATE DIVISION OF CORPORATION

10 SEP 29 PM 2: 52

## 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:
OKNONEZ YLOOK GOVERING INC
Certificate of Conversion is:  ORDONEX FLOOR BOVERING INC  (Enter Name of Other Business Entity)  P07-7801
2. The "Other Business Entity" is a ORPORATION
(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)
on <u>07/09/2007</u> . (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:
ORDONEZ FLOOR COVERING LLC. (Enter Name of Florida Limited Liability Company)
(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 14 day of <u>september</u>	<u> 20_/</u>
Signature of Member or Authorized Representa	ntive of Limited Liability Company:
Signature of Member or Authorized Representative Printed Name: ANIBAL ORDONEX	E: <u>Aubl Ordone</u> Title: <u>PRESIDENT</u>
Signature(s) on behalf of Other Business Entity:	• •
Signature: Printed Name: ROMUND HE RNANDEX	Title: Tooc Curry
Signature: Manuel Languries  Printed Name: MANUEL LAVARIES	
Signature: Acidal Ordonez.  Printed Name: ANIBAL ORDONES	Title:
_	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:
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

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Comp	2 COVERING LC
"LLC.")	any, the appreviation L.L.C., of the designation
ARTICLE II - Address:	
The mailing address and street address	of the principal office of the Limited
Liability Company is:	
Principal Office Address:	Mailing Address:
5463 TITH AVE	Same
FOCT MYELS, FC	
33907	
ARTICLE III - Registered Agent, R Signature:	egistered Office, & Registered Agent's
(The Limited Liability Company cannot serve as its individual or another business entity with an active Florida registration.	
The name and the Florida street addres	ss of the registered agent are:
1 3	
- Huby	V Ordonez
,	Name
	TH AVE FO
Florida street addr	ress (P.O. Box <u>NOT</u> acceptable)
_FOIT M	yers FL 33907 City, State, and Zip
(	City, State, and Zip
	ent and to accept service of process for the at the place designated in this certificate,
, , , , , , , , , , , , , , , , , , , ,	registered agent and agree to act in this with the provisions of all statutes relating to
	e of my duties, and I am familiar with and

(CONTINUED) Page 1 of 2

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRE

ess:
ORDONEZ In ale s, fc 339
HERNANDEZ IL AVE Yers, FL 3.
LAVARIEG THU AVE YYEIS, FC 3
f necessary)
TIONAL)

Signature of a member or an authorized representative of a member.

(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.)

ANIBAL DRIVINE

Typed or printed name of signee

**Filing Fees:** 

**REQUIRED SIGNATURE:** 

\$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