10000109585

	(Reque	stor's Name)	
	(Addre	ss)	
•	(Addre	5S)	
	(City/S	tate/Zip/Phor	ne #)
PICK-	UP [WAIT	MAIL
	(Busine	ess Entity Na	me)
	(Docum	nent Number)
Certified Copies _		Certificate	s of Status
Special Instruction	ons to Filir	ng Officer:	
-			
,			
			·

Office Use Only

G. MCLEOD

OCT 2 0 2010

EXAMINER



000184192670

08/13/10--01009--015 **128.75

10/20/10--01003--001 **21.29

10 OCT 19 PM 3: 13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations

concided filing initial son.

SUBJECT: LOCUS CAPITAL PARTNERS 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:

Mariya Pinskaya, ESQ		
(Contact Person)		
Exceleron, Inc		
(Firm/Company)	 	
10225 Collins Avenue		
(Address)		
Bal Harbour, FL 33154		
(City, State and Zip Co	ode)	
mpinskaya@yahoo.com		
E-mail address: (to be used for future annual re	eport notifications)	
For further information concerning this	s matter, please call:	
Mariya Pinskaya	at (201) 2620217	
(Name of Contact Person)	(Area Code and Daytime Telephone Numb	er)
Enclosed is a check for the following a	mount:	
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$155.00 Filing Fees and Certificate of Status	\$\int_{\text{and Certified Copy}}\frac{\int_{\text{185.00 Filing Fees,}}}{\text{Certified Copy, and Certificate of Status}}	
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P. O. Box 6327	
2661 Executive Center Circle	Tallahassee, FL 32314	
Tallahassee, FL 32301 CTIL		

Certificate of Conversion 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 Certific	cate of		
Conversion is: LOCUS CAPITAL PARTNERS LLC	;=l		
(Enter Name of Other Business Entity)	SECRI	10 OCT 19	421
2. The "Other Business Entity" is a Limited Liability Corporation	HAS	\exists	,
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	RY OF S	₽	
first organized, formed or incorporated under the laws of New York	F STATE FLORIDA	<u>ဒ္</u> - ဒ	C
(Enter state, or if a non-U.S. entity, the name of the country)	37	သ	
on APRIL 15, 2002 (Enter date "Other Business Entity" was first organized, formed or incorpo 3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under which it is now organized, formed or incorporated:		ws of	
4. The name of the Florida Limited Liability Company as set forth in the attached Article Organization:	es of		
LOCUS CAPITAL PARTNERS 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 do filed by the Florida Department of State; AND 2) must be the same as the effective datatached Articles of Organization, if an effective date is listed therein.)			he
6. The conversion is permitted by the applicable law(s) governing the other business entity conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting			n.
7. The "Other Business Entity" currently exists on the official records of the jurisdiction ur	nder wh	ich it i	is

currently organized, formed or incorporated.

Signed this day ofOctobe	20 10	
Individual signing affirms that the facts sta constitutes a third degree felony as provide		nation
Signature of Member or Authorized Repres Printed Name: 1 Am Fint	entative: Stanislau Finelt Title: MAnaging Patture	
Signature(s) on behalf of Other Business E this document are true. Any false informat s.817.155, F.S. [See below for required sign	ntity: Individual(s) signing affirm(s) that the fa ion constitutes a third degree felony as providenature(s).]	
Signature: Stans AV Fruits Printed Name: Stans SAV Fruits	Title: hundert 5'CCO	
	Title:	
Signature:Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Direct If Directors or Officers have not been selected.		
If Florida General Partnership or Limited Signature of one General Partner.	Liability Partnership:	
If Florida Limited Partnership or Limited Signatures of ALL General Partners.	Liability 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) Page 2 of 2	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LOCUS CAPITAL PARTNERS LLC (Must end with the words "Limited Liability Company, the abbrevia	ation "L.L.C." or the designation "L.C.")
ARTICLE II - Address: The mailing address and street address of the princ	
Principal Office Address:	Mailing Address:
10225 Collins Avenue, Suite 1203 Bal Harbour, FL 33154	10225 Collins Avenue, Suite 1203 Bal Harbour, FL 33154
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.) The name and the Florida street address of the registration. Stanislav Finelt	Agent. You must designate an individual or another stered agent are:
	ame
10225 Collins Ave	O. Box NOT acceptable)
•	<u> </u>
Bal Harbour,	FL 33154ate, and Zip
•	•
Having been named as registered agent and to accept company at the place designated in this certificate, I agree to act in this capacity. I further agree to compproper and complete performance of my duties, and position as registered agent as provided for in Chapter	I am familiar with and accept the obligations of my
Sho	Field

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Me	Name and Address:
MGRM	Stanislav Finelt
(Use attachment if necessar	у)
ARTICLE V: Effective date, if o	other than the date of filing: (OPTIONAL)
(The effective date: 1) cannot be	prior to nor more than 90 days after the date this document is filed by e; <u>AND</u> 2) must be the same as the effective date listed in the attached
REQUIRED SIGNATURE:	
Signature of a memb	er or an authorized representative of a member.
(In accordance with section 608.4) the penalties of perjury that the document to the Department of 9	408(3), Florida Statutes, the execution of this document constitutes an affirmation under facts stated herein are true. I am aware that any false information submitted in a State-Constitutes a third degree felony as provided for in s.817.155, F.S.)
<u> </u>	Typed or printed name of signee

Page 2 of 2