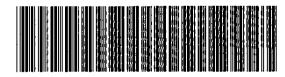
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(Requestor's Name)			
(Address)			
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(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT	MAIL		
(Business Entity Name)			
(Document Number)			
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Special Instructions to Filing Officer:			

Office Use Only



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EXAMINER



# FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached is a form to convert an "Other Business Entity" into a "Florida Limited Liability Company" pursuant to section 608.439, Florida Statutes. These forms are basic and may not meet all conversion needs. The advice of an attorney is recommended.

Pursuant to s. 608.439(1), F.S., "the term 'other business entity' or 'another business entity' means a common law or business trust or association; a real estate investment trust; a general partnership, including a limited liability partnership; a limited partnership, including a limited liability limited partnership; or any other domestic or foreign entity that is organized under a governing law or other applicable law, provided such term shall not include a domestic limited liability company."

Filing Fees: \$150.00 (\$25 for Certificate of Conversion and

\$125 for Articles of Organization)

Certified Copy (optional): \$30.00

Certificate of Status (optional): \$5.00

Send one check in the total amount payable to the Florida Department of State.

Please include a cover letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

#### **Mailing Address**

Registration Section Division of Corporations P. O. Box 6327

Tallahassee, FL 32314

**Street Address** 

Registration Section
Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

For further information, you may contact the Registration Section at (850) 245-6051.

INHS11 (09/10)

## **COYER LETTER**

**TO:** Registration Section Division of Corporations

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:
Charlene Ranalli (Contact Person)
Echion USA Inc. (Firm/Company)
8890 W. Oakland Park Blud., #201
Sunsise FL 33351 (City, State and Zip Code)
Charlene ranali Dechion net  E-mail address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
Charlene Roralli at (954) 749-8990 (Name of Contact Person) (Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount:
\$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 Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

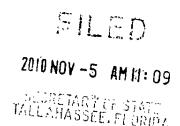
### **Certificate of Conversion**

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 Certificate of				
Conversion is: Gadinsky Development Company Trc.  (Finter Name of Other Business Entity)				
(Enter Name of Other Business Entity)  2. The "Other Business Entity" is a COVOCATION POLOGOOS570  (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 22 200   (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:				
930 W. 415+5+ree+ 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 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.)				
6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting the conversion.				
7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is				

currently organized, formed or incorporated.

FILED 2010 NOV -5 AM 17: 09 Signature of Member or Authorized Representative of Limited Liability Company: 14 Ally 1000 Signature of Member or Authorized Representative of Limited Landing Company:  $\eta = 0.001 \, \text{Company}$ . Individual signing affirms that the facts stated in this document are true. Any false information  $E_{*}$ ,  $F_{*}^{*}$ ,  $O_{R}^{*}$ ,  $O_{R}^{*}$ . constitutes a third degree felony as provided for in s.817.155, F.S. Signature of Member or Authorized Representative: Printed Name: Charles Ranalli Title: Authorized Signature(s) on behalf of Other Business Entity; Individual(s) signing affirm(s) that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S. [See below for required signature(s).] Signature: Printed Name: SCHOGOUNSKY Title: Director Signature: Title: Printed Name: Signature: \_ Title: Printed Name:\_\_ Signature: Printed Name: Printed Name: Signature: Title: \_\_\_ Printed Name:\_\_\_ If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign. If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner. If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners. All others: Signature of an authorized person. Fees: Certificate of Conversion: \$25.00 \$125.00 Fees for Florida Articles of Organization: Certified Copy: \$30.00 (Optional)

> \$5.00 (Optional) Page 2 of 2

Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY		
ARTICLE I - Name: The name of the Limited Liability Company is:		
930 W. 415+ Street Partners, 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:		
Mailing Address:  Service Address:  Suite 201  Sunrise, FL 33351  Mailing Address:  Clo Echion USA Inc.  8890 W. Oaklandfark Blud, #201  Sunrise, FL 33351		
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:  Attn: Daniel Hotte  Clo Echion USA Troc.  Name  890. W. Oakland Park Blud, Suite Zol  Florida street address (P.O. Box NOT acceptable)  Suncise FL 33351  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):		FILLED		
ARTICLE IV- Manager(s) or Managing Member(s):  The name and address of each Manager or Managing Member is as follows:  Name and Address:				
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	ame and Address:	MILLAHASSEE, FLORIDA		
<u>merm</u>		17201 #201		
m6Rm	Seth Gadinsky 1680 Michigan Ave Miami Beach, FL	nue # 1001 . 33/39		
marked big subsective and market market at the second and the distribution				
(Use attachment if necessary)				
ARTICLE V: Effective date, if 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 the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Certificate of Conversion, if an effective date listed therein.)				
REQUIRED SIGNATURE:				
	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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)				
Charlene Karalli Typed or printed name of signee				