1000126350

(Requestor's Name)	
(Address)	900188235
(Address)	
(City/State/Zip/Phone #)	12/09/1001011
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	AARSAKE FLORIDA
Special Instructions to Filing Officer:	
	1 1- 11
	11/2/01/

Office Use Only



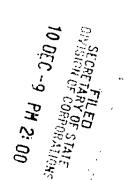
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B. KOHR

DEC - 9 2010

EXAMINER



EFFECTIVE DATE 1 2011

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.

 The name of the "Other Business Entity" in Certificate of Conversion is: HARICOT, INC. 	nmediately prior to the filing of this
(Enter Name of Oth	
2. The "Other Business Entity" is a corporation (Enter entity type. Example: cogeneral partnership, commo	rporation, limited partnership,
first organized, formed or incorporated under t (Enter state, or if a non-U.S. er	
On July 12, 2000 (Enter date "Other Business Entity" was 3. If the jurisdiction of the "Other Business Enunder the laws of which it is now organized, for N/A	ntity" was changed, the state or country
4. The name of the Florida Limited Liability (Articles of Organization:	Company as set forth in the attached
HARICOT, LLC	
(Enter Name of Florida Li	mited Liability Company)
5. If not effective on the date of filing, enter the (The effective date: 1) cannot be prior to not document is filed by the Florida Department effective date listed in the attached Articles listed therein.)	or more than 90 days after the date this t of State; <u>AND</u> 2) must be the same as the

Signed this <u>30</u> day of <u>November</u>	20 <u></u>
Signature of Member or Authorized Represents	
Signature of Member or Authorized Representative Printed Name: ISAAC NAHON	Title: Managing Member
Signature(s) on behalf of Other Business Entity:	
Signature: Printed Name: ISAAC NAHON	
Printed Name: ISAAC NAHON	Title: President/Director
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabili 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:

HARICOT, 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:

14050 S.W. 84 STREET, SUITE 103 MIAMI, FL 33183 14050 S.W. 84 STREET, #103 MIAMI, FL 33183

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:

ROBERT L. TRESCOTT, ESQUIRE

Name
2605 PONCE DE LEON BOULEVARD

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

CORAL GABLES

FL 33134

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

Registered Agent's Signature (REQUIRED)

(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:

MGRM	ISAAC NAHON
	14050 S.W. 84 STREET, SUITE 103
	MIAMI, FL 33183
	(Use attachment if necessary)
CLE V: Effective date if of	her than the date of filing: JANUARY 1, 2011
	(OPTIONAL)
ffective date: 1) cannot be	e prior to nor more than 90 days after the date this

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.)

ISAAC NAHON

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)