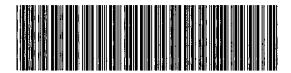
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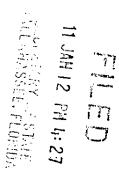
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
WII-2065

Office Use Only



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D. BRUCE

JAN 12 2011

EXAMINER

COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: JOHNAPE COMMUNICATIONS	
(Name of Resulting Florida Limited Company)	
The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted	d to convert an
"Other Business Entity" into a "Florida Limited Liability Company" in accordance with	h s. 608.439, F.S.
Please return all eotrespondence concerning this matter to:	
PATRICK YOWSARE	
(Contact Person)	12 h
HOWSALE COMMUNICATIONS LLC	
(Firm/Company)	CONTRACTOR AND
1701 FOITH ST	had-d
(Address)	
HAM BAY FL 32907	- 85 %
(City, State and Zip Code)	On A
DBHOWSARE QUAHO. com	
E-mail address: (to be used for future annual report notifications)	
Eor further information concerning this matter, please call:	
1) 1/- 257 1,30 1314	
(Name of Contact Person) (Area Code and Daytime Telephone Number	
	• •
Enclosed is a gheck for the following amount:	
\$150.00 Filing Fees \$155.00 Filing Fees \$180.00 Filing Fees,	
(\$25 for Conversion and Certificate of and Certified Copy Certified Copy, and Certificate of Status	
of Organization)	
STREET ADDRESS: MAILING ADDRESS:	
Registration Section Registration Section	
Division of Corporations Clifton Building Division of Corporations P. O. Box 6327	
Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314	

Tallahassee, FL 32301

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: Howsare OMMUNICATIONS _ LLC.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a MANAGER - MANAGED LLC.
(Enter entity type. Example: corporation, limited partnership,
general partnership, common law or business trust, etc.) \sim \sim
first organized, formed or incorporated under the laws of
(Enter state or if a non-U.S. entity, the name of the country)
on the 4th of January, 2008
(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: AROLINA.
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of
Organization: Jous ARE LOHMUNICATIONS LECTURE (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; <u>AND</u> 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.

Signed this 12-th day of TANUA	<u> </u>	
Signature of Member or Authorized Rep	esentative of Limited Liability Company	/:
Individual signing affirms that the facts sta	ted in this document are true. Any false in	<u></u> formation
constitutes a third degree felony as provide	d for in s.817.155, P.S.	
Signature of Member or Authorized Represe Printed Name: Harranck Hows AER	4-1/	
Signature of Member or Authorized Represe	entative:	_
Printed Name: HATZICK HOWSAEL	Title: MEMBER/OWNER	
		·
Signature(s) on behalf of Other Business El	<u>itity:</u> Individual(s) signing affirm(s) that th	ne facts stated in
this document are true. Any false informati	on constitutes a third degree felony as pro	vided for in
s.817.155, F.S. [See below for required sign	ature(s).]	
1 1		
Signature: Printed Name: Taresck Houxa	min 1/ 1- 15 // 1/5 /2	
Printed Name:	FF Title: MEMBER/OWNER	.
C'anata	'	
Signature: Printed Name:	T'al	
Printed Name:	rme;	
Signatura		
Signature:Printed Name:	Title:	
Table 14thly.		_
Signature:		
Printed Name:	Title:	
Signature: Printed Name:		
Printed Name:	Title:	<u> </u>
Signature:Printed Name:	Titlet	
Printed Name:	1106.	JAN 12 1
If Florida Corporation:		
Signature of Chairman, Vice Chairman, Direct	etor, or Officer.	
If Directors or Officers have not been selected		
	-, <u>-</u>	景が心
If Florida General Partnership or Limited	Liability Partnership:	301
Signature of one General Partner.		
If Florida Limited Partnership or Limited	Liubility Limited Partnership:	•
Signatures of ALL General Partners.		
A D Adhassa		
All others:		
Signature of an authorized person.		
Fees:		
Certificate of Conversion:	\$25.00	
Fees for Florida Articles of Organization:	\$125.00	
Certified Copy:	\$30.00 (Optional)	
Certificate of Status:	\$5.00 (Optional)	
Certificate of aixitus.	Page 2 of 2	
	ruge z or z	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
HOWSARE COMMUNICATION	ons LLC
(Must end with the words "Limited Liability Company, the abbreviation	n "L.L.C.," or the designation "LLC.")
ARTICLÉ II - Address:	
The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1701 EDITH ST PALM BAY, FL 32907	1761 EDITH ST PAIN BAY FL, 32907
ARTICLE III - Registered Agent, Registered Offic (The Limited Liability Company cannot serve as its own Registered Ag business entity with an active Florida registration.)	ee, & Registered Agent's Signature: ent. You must designate an individual or another
The name and the Florida street address of the registe	DUBARE STORY
Florida street address (P.O.	1 32907
City: Stale	, 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):
The name and address of each Manager or Managing Member is as follows:

Title:		and Address:			
"MGR" = Manage "MGRM" = Mana		1			
	ging Member)			
MOKM	•	TATETICK How	BARE		
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			-	36	1
			- 1	1	
				27	
(Use attachment it	necessary)		<u>,</u>		
ARTICLE V: Effective	e date if other than th	a date of filing:			
		(OPTIO)			
		or more than 90 days after			
the Florida Departmen Certificate of Conversi		nust be the same as the eff	fective date listed in t	he atta	ched
Certificate of Conversi	on, if an effective dat	ie usteu tuerem.)			
REQUIRED SIGNAT	URE:	7/			
`	1/1/				
	// X				
Signature	of a prember or an auth	orized representative of a mem	ber.		
(In accordance with se	ection 608.408(3), Florid	a Statutes, the execution of this d	ocument constitutes an affi	irmation	under
the penalties of periu	ry that the facts stated he	rein are true. I am aware that any es a third degree felony as provid	false information submitte	ed in a	
document to the Dep	artificity of state constitute		ca for in 3.017.133, 1.3.,		
	-taresck	HOWSARE			
	rypea or p	rinted name of signee			