41000018900

(Requ	lestor's Name)		
(Address)			
(Address)			
(City/s	State/Zip/Phone #	()	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates o	f Status	
Special Instructions to Filing Officer:			
WII-8212			

100193320211

02/09/11--01030--029 **185.00

FILED

11 FEB -9 PM 4: NO
SECRETARY OF STATE

Office Use Only

EFFECTIVE DATE 2211

D. BRUCE FEB 14 2011 EXAMINER



February 10, 2011

DALE M. LONG 2334 S. CYPRESS BEND DRIVE, #902 POMPANO BEACH, FL 33069

SUBJECT: I.F.R. L.L.C.

Ref. Number: W11000008212

We have received your document for I.F.R. L.L.C. and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

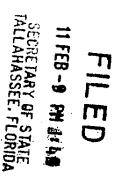
The converting Florida entity must be active on our records.

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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 511A00003570



COVER LETTER

Division of Corporations
SUBJECT: I.F.R. 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:
Mr Dale M Lon. c (Contact Person) T.F. R. ±~ C. (Firm/Company)
2334 S. Lypress REND DR-902
Pompro Beach FL 33069 (City, State and Zip Code)
(City, State and Zip Code)
E-mail address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
For further information concerning this matter, please call: Dale M. Long at (954) 629-8391 P. S.
(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 Certified Copy and Certificate of Status \$180.00 Filing Fees and Certified Copy & Certificate of Status 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

TERING.



1, F. R. Inc. 5902 2334 S. Cypross Hend Dr. Pompano Beach, FL 33069

FAX TO: DIVICION SE COPPORATIONS

FAX #: 850 245 - 6030

FROM ITER.

Tel # 1 954 6298391

DATE : 1-11-11

RECEIVED

11 FEB 14 AM 7: 28

SECRETARY OF STATE
TALLAHASSEE, FLORID

Good Murning!

This FAT IT IN RESPONSE TO A Phone call to Received From A Very helpful Porion AT Div of Gurp.

IF You need Further in FORMATION to Simplete - Please Call

IT I DO NOT INTEND TO REINITATE IFR. INC

1- I Release NAME & FIFRING. to Charle to LLC 3- Plans send OverPAYment to above ADDARET

Sund Jal Mhong

Kith : President

DAR: 2-11-11



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
I.F. R. L.L.C.				
(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:				
2334 5. Cypres BEND DR-902 SAM Primpono Bench, FL 33069				
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:				
Name 2334 S- Upress BEND DY Florida street address (P.O. Box NOT acceptable)				
Name				
2334 S- CYPRESS BEND DY				
Florida street address (P.O. Box NOT acceptable)				
Jonpan Beach FI 33065				
Pompana Beach FL 33069 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): The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:	
"MGR" = Manager "MGRM" = Managing M	Jemher	
MGR	DALE M. LONG 2334-S CYPRESS BEACH-FL BOOGS	S Jorgoz
(Use attachment if necess	fother than the date of filing: _ 2/2//	/
he Florida Department of Sta	be prior to nor more than 90 days after the date ate; <u>AND</u> 2) must be the same as the effective days after the date at the effective date listed therein.)	
REQUIRED SIGNATURE: Signature of a men	nber or an authorized representative of a member.	·
the penalties of perjury that th	08.408(3), Florida Statutes, the execution of this document one facts stated herein are true. I am aware that any false inforof State constitutes a third degree felony as provided for in s	rmation submitted in a
MR. I	Typed or printed name of signee	
	Typed or printed name of signee	Ass

Page 2 of 2