L11000031747

| • | |
|---|-------------|
| (Requestor's Name) | |
| (Address) | <u> </u> |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MA | .IL |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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| | |

Office Use Only



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SECRETARY OF STATE ALLAHASSEE, FLORIDA

J. BRYAN

MAR 15 2011

EXAMINER

COVER LETTER

| Division of Corporations | |
|---|---|
| SUBJECT: // AMOR F/OM | INC HOLLC |
| O (Name of R | esulting Florida Limited Company) |
| | icles of Organization, and fees are submitted to convert an ited Liability Company" in accordance with s. 608.439, F.S. |
| Please return all correspondence concerning | this matter to: |
| CAMA BUR | Le |
| (Contact Person) ANA SURKE | LC. |
| (Firm/Company) 3025 F4. O | ocrum Ulg. Blus. |
| (Address) Alland Fi | 7 33800 ASSESS TO |
| (City, State and Zip Code) | ASA T |
| NUhomefin | 10/5 /A/DoCOM |
| E-mail address: (to be used for future annual report r | To = |
| For further information concerning this mat | |
| IAM BULLE | at (863) 529-4436 |
| (Name of Contact Person) | (Area Code and Daytime Telephone Number) |
| Enclosed is a check for the following amount | nt: |
| \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\$155.00 Filing Fees and Certificate of Status | \$\) \$\) \$\) \$\) \$\) \$\) \$\) \$\) \$\) \$\) |
| STREET ADDRESS: | MAILING ADDRESS: |
| Registration Section | Registration Section |
| Division of Corporations | Division of Corporations |
| Clifton Building 2661 Executive Center Circle | P. O. Box 6327 Tallahassee, FL 32314 |
| Tallahassee, FL 32301 | i dilailassee, i L 52517 |

Certificate of Conversion For

"Other Business Entity" Into

Florida Limited Liability Company



This Certificate of Conversion and attached Articles of Organization 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 En | uty immedi | ately prior to the i | - | |
|--|-------------------------------------|--------------------------------------|------------------|-------------------|
| Conversion is: | GANA | Burle | FMC. | #P09000079447 |
| (Enter | Name of Of | ther Business En | tity) | |
| 2. The "Other Business Entity" is a | 5 | CORPORAGE | ion | |
| (Enter entity type. | | | |) , |
| general partner | ship, comm | on law or busines | ss trust, etc.) | |
| first organized, formed or incorporated | | | FLORIDA | <u> </u> |
| (Enter state, or if | a non-U.S. 6 | entity, the name o | of the country) | |
| on 9/2//2009 | | | | |
| (Enter date "Other Business | Entity" was | s first organized. | formed or inco | ornorated) |
| (22001 2000 30001 2200000 | | | | or per use u) |
| 3. If the jurisdiction of the "Other Busin which it is now organized, formed or inc | • | was changed, the | state or country | under the laws of |
| 4. The name of the Florida Limited Lia Organization: | bility Compa | any as set forth in | the attached A | rticles of |
| (Enter Name | of Florida I | imited Liability | Company) | - Fohnson |
| 5. If not effective on the date of filing, of (The effective date: 1) cannot be priofiled by the Florida Department of Stattached Articles of Organization, if a | or to nor moi ate; <u>AND</u> 2) | re than 90 days a must be the sam | e as the effecti | |
| 6. The conversion is permitted by the ap conversion complies with such law(s) ar | - | | | - |

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is currently organized, formed or incorporated.

| 6 / . | | |
|---|------------------------------------|---------------------------------------|
| Signed this 25 day of Autum | 20 <u>20//</u> . | |
| Signature of Member or Authorized Representat | ive of Limited Liability Compa | nv: |
| Individual signing affirms that the facts stated in the | | |
| constitutes a third degree felony as provided for in | | |
| • | / 4// | |
| Signature of Member or Authorized Representative: Printed Name: AMA SULLE | laura Klik | K |
| Printed Name: CANA CUELO | Title: Plesipent | 1 |
| | | |
| Signature(s) on behalf of Other Business Entity: In | | |
| this document are true. Any false information cons | titutes a third degree felony as p | rovided for in |
| s.817.155, F.S. [See below for required signature(s) | .] | |
| si / Tour Mill | | |
| Signature: Jalla Killele Printed Name: And Bulle | Title: Missing | |
| Printed Name: LAMA KOOLLE | Title: | |
| Signature: | | |
| Signature: Printed Name: | Title: | |
| | | |
| Signature:Printed Name: | | |
| Printed Name: | Title: | |
| | | |
| Signature: | | |
| Printed Name: | Title: | |
| 01 | | |
| Signature: | risal | 152 |
| Printed Name: | _ i ide: | |
| Signature: | | |
| Signature:Printed Name: | Title: | |
| | | |
| If Florida Corporation: | | • |
| Signature of Chairman, Vice Chairman, Director, or O | fficer. | $S_{\mathcal{O}}$. |
| If Directors or Officers have not been selected, an Inco | orporator must sign. | · · · · · · · · · · · · · · · · · · · |
| | | AHAR AHAR |
| If Florida General Partnership or Limited Liability | <u> Partnership:</u> | TARY ASSE |
| Signature of one General Partner. | | MAR 14 ECRETARY LAHASSEE |
| If Florida Limited Partnership or Limited Liability | Limited Dantacahine | PH 4: 39 OF STATE |
| Signatures of <u>ALL</u> General Partners. | Limited I at the 1801b: | ESS E |
| organistics or their content i activity. | | <u>Α</u> ω |
| All others: | | ± 20 |
| Signature of an authorized person. | | |

Fees:

Certificate of Conversion:

\$25.00

Fees for Florida Articles of Organization:

\$125.00

Certified Copy: Certificate of Status:

\$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: | |
|--|--|
| CAMA BULLE L.L. | <i>C</i> . |
| (Must end with the words "Limited Liability Company, the abbreviation "L.L.C.," o | r the designation "LLC.") |
| ARTICLE II - Address: | |
| The mailing address and street address of the principal office of | f the Limited Liability Company is: |
| Principal Office Address: Mailing A | ddress: |
| 3025 Ff. GOCRUM Ulg. Bloo. 30 LAKELAND FL 33810 LAKE | 25 Ft. GOCPUM Ulg. B |
| ARTICLE III - Registered Agent, Registered Office, & Reg (The Limited Liability Company cannot serve as its own Registered Agent. You must business entity with an active Florida registration.) | |
| The name and the Florida street address of the registered agent | are: SR I T |
| CAMA BU | Ille ASS |
| Name | 一 |
| 3025 Fd. Coco. | n Ule Blooms |
| Florida street address (P.O. Box NO | Cacceptable) |
| LAKELAND FL | 33810 |
| City, State, and Zip | |
| Having been named as registered agent and to accept service of p company at the place designated in this certificate, I hereby accept agree to act in this capacity. I further agree to comply with the p proper and complete performance of my duties, and I am familiar position as registered agent as provided for in Chapter 608 F.S Registered Agent's Signature. | ot the appointment as registered agent and rovisions of all statutes relating to the with and accept the obligations of my |
| | |

(CONTINUED)

Page 1 of 2

| <u>Title:</u> "MGR" = Manager | Name and Address: |
|---|--|
| "MGRM" = Managing M | lember |
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| | PAT 6 |
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| ZT 1 0 | |
| (Use attachment if necess | sary) |
| ` | fother than the date of filing: February 28 2011 March 30 |
| ` | f other than the date of filing: February 28 2011 March 30 (OPTIONAL) |
| ICLE V: Effective date, if | f other than the date of filing: <u>FEOTUARY</u> 28 2011 March 30 (OPTIONAL) be prior to nor more than 90 days after the date this document is filed by |
| ICLE V: Effective date, if effective date if cannot be lorida Department of Sta | f other than the date of filing: February 28 2011 March 30 (OPTIONAL) be prior to nor more than 90 days after the date this document is filed by ate; AND 2) must be the same as the effective date listed in the attached |
| ICLE V: Effective date, if effective date if cannot be lorida Department of Sta | f other than the date of filing: <u>FEOTUARY</u> 28 2011 March 30 (OPTIONAL) be prior to nor more than 90 days after the date this document is filed by |
| ICLE V: Effective date, if effective date: 1) cannot be lorida Department of Staficate of Conversion, if an | f other than the date of filing: February 28 2011 March 30 (OPTIONAL) be prior to nor more than 90 days after the date this document is filed by ate; AND 2) must be the same as the effective date listed in the attached |
| ICLE V: Effective date, if effective date if cannot be lorida Department of Sta | f other than the date of filing: February 28 2011 March 30 (OPTIONAL) be prior to nor more than 90 days after the date this document is filed by ate; AND 2) must be the same as the effective date listed in the attached |
| ICLE V: Effective date, if effective date: 1) cannot be lorida Department of Staficate of Conversion, if an | f other than the date of filing: February 28 2011 March 30 (OPTIONAL) be prior to nor more than 90 days after the date this document is filed by ate; AND 2) must be the same as the effective date listed in the attached |
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| ICLE V: Effective date, if effective date: 1) cannot be lorida Department of Stafficate of Conversion, if an UIRED SIGNATURE: | f other than the date of filing: February 28 2011 March 30 (OPTIONAL) be prior to nor more than 90 days after the date this document is filed by ate; AND 2) must be the same as the effective date listed in the attached |
| effective date: 1) cannot be lorida Department of Staticate of Conversion, if an UIRED SIGNATURE: Signature of a mem (In accordance with section 60) the penalties of perjury that the | f other than the date of filing: (OPTIONAL) be prior to nor more than 90 days after the date this document is filed by ate; AND 2) must be the same as the effective date listed in the attached in effective date listed therein.) |
| effective date: 1) cannot be lorida Department of Staticate of Conversion, if an UIRED SIGNATURE: Signature of a mem (In accordance with section 60) the penalties of perjury that the | f other than the date of filing: (OPTIONAL) be prior to nor more than 90 days after the date this document is filed by ate; AND 2) must be the same as the effective date listed in the attached at effective date listed therein.) (B.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the facts stated herein are true. I am aware that any false information submitted in a |

Page 2 of 2