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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:
L. SELLERS MAR 2 1, 2011 EXAMINER

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SECRETARY OF STATE

FILED

COVER LETTER

Division of Corporations	
SUBJECT: FACTUCARGO LLC	
(Name of Resulting Florida Lim	ited Company)
The enclosed Certificate of Conversion, Articles of Organiza "Other Business Entity" into a "Florida Limited Liability Co	
Please return all correspondence concerning this matter to:	
LUIS R SMITH	
(Contact Person)	
JESSEL INVESTMENTS LLC	
(Firm/Company)	
11402 NW 41ST STREET SUITE 211	
(Address)	
DORAL, FL. 33178	
(City, State and Zip Code)	
LM.JESSEL@GMAIL.COM	
E-mail address: (to be used for future annual report notifications)	
For further information concerning this matter, please call:	
LUIS R SMITH at (305	470-2429
	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 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 Certif Conversion is: FACTUCARGO INC	icate of	:	
(Enter Name of Other Business Entity)			
2. The "Other Business Entity" is a FLORIDA PROFIT CORPORATION.			
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)			
first organized, formed or incorporated under the laws of <u>FLORIDA STATE</u> (Enter state, or if a non-U.S. entity, the name of the country)	_		
on 11/15/2010	orated)	
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country un which it is now organized, formed or incorporated:	der the	laws	of
STATE OF FLORIDA .	 ₩s		
4. The name of the Florida Limited Liability Company as set forth in the attached Artic Organization:	ECHETARY LLAHASSE	I	
FACTUCARGO LLC (Enter Name of Florida Limited Liability Company)	m <u>c</u>	꽃	Ш
	STAT	 ယ	
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 filed by the Florida Department of State; AND 2) must be the same as the effective 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 enti conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting			sion.
7. The "Other Business Entity" currently exists on the official records of the jurisdiction	under v	vhich	it is

currently organized, formed or incorporated.

Signed this 121H day of MARCH	20 <u>11</u>
Signature of Member or Authorized Rep	resentative of Limited Liability Company:
Individual signing affirms that the facts sta	ated in this document are true. Any false information
constitutes a third degree felony as provide	ed for in s.817.155, F.S.
G: A CM 1 A A 1 1 1D	sentative: Thank lumais
Signature of Member or Authorized Repres	entative: Tide appearance
Printed Name: RAUL A. EKMEIRO	Title: PRESIDENT
Signature(s) on behalf of Other Business E	ntity: Individual(s) signing affirm(s) that the facts stated in
	tion constitutes a third degree felony as provided for in
s.817.155, F.S. [See below for required sign	
a per	
Signature: Saute forman	
Printed Name: RAUL A EKMEIRO	Title: PRESIDENT
α	
Signature: Manager Sapana Common Sapana Comm	Title: VICE-PRESIDENT
11	TILLE: VICE-PRESIDENT
Signature:	
Printed Name: JOVITO A. SANDOVAL	Title: VICE-PRESIDENT
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Signature: L. P. P.	Title: <u>VICE-PRESIDENT</u>
Printed Name: JORGE E. EKMEIRO	Title: <u>VICE-PRESIDENT</u>
Signature:	Title:
Fillited Ivallie.	Title.
Signature:	
Printed Name:	
•	
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Direc	ctor, or Officer:
If Directors or Officers have not been selected	d, an Incorporator must sign.
If Florida General Partnership or Limited	I jability Partnership
Signature of one General Partner.	Chabinty 1 at the snip.
If Florida Limited Partnership or Limited	Liability Limited Partnership:
Signatures of ALL General Partners.	
All others:	
Signature of an authorized person.	
Face	
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)
	Page 2 of 2
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
FACTUCARGO LLC (Must end with the words "Limited Liability Company, the abbrevi	ation "L.L.C.," or the designation "LLC.")	
ARTICLE II - Address: The mailing address and street address of the princ	cipal office of the Limited Liability	Company is:
Principal Office Address:	Mailing Address:	
1850 NW 84TH AVE SUITE 100 MIAMI, FL. 33126	10727 NW 80TH LANE DORAL, FL. 33178	
ARTICLE III - Registered Agent, Registered O (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)		
The name and the Florida street address of the regi	stered agent are:	
FABIAN C. MACIAS	T	
	Vame	
10727 NW 80TH LAN Florida street address (P	E.O. Box NOT acceptable)	
· ·		
DORAL City, St.	<u>FL 33178</u> ate, and Zip	
Having heen named as registered agent and to accept company at the place designated in this certificate, I agree to act in this capacity. I further agree to compt proper and complete performance of my duties, and position as registered agent as provided for in Chap	pt service of process for the above st hereby accept the appointment as ro ply with the provisions of all statutes I am familiar with and accept the ob	egistered agent and relating to the
	ONTINUED)	MAR 17 P

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: "MGR" = Manager "MGRM" = Managing Mem	Name and Address:
MGR	RAUL A. EKMEIRO
	7985 NW 116TH AVE
	DORAL, FL. 33178
MGR	FABIAN C. MACIAS
	10727 NW 80TH LANE
	DORAL, FL. 33178
MGR	JOVITO A. SANDOVAL
·	8833 NW 107TH CT #103
	DORAL, FL. 33178
MGR	JORGE F. EKMEIRO
	7985 NW 116TH AVE
	DORAL, FL. 33178
(Use attachment if necessary	y)
RTICLE V: Effective date, if ot	her than the date of filing: (OPTIONAL)
The effective date: 1) cannot be j	prior to nor more than 90 days after the date this document is filed by AND 2) must be the same as the effective date listed in the attached
LEQUIRED SIGNATURE:	en e
	Al Elemeia
Signature of a member	r or an authorized representative of a member.
· ·	of all 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.)

RAUL A. EKMEIRO

Typed or printed name of signee