111000040497

(Re	equestor's Name)	
(Ad	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies		of Status
Special Instructions to	Filing Officer:	
1		

Office Use Only



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SECRETARY OF STATE

AH II: 23

J. SAULSBERRY EXAMINER

APR 5 2011

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Rafas LLC			
(Name of F	Resulting Florida Limited Company)		
	rticles of Organization, and fees are submitted to mited Liability Company" in accordance with s.		
Please return all correspondence concernin	g this matter to:		
Odette Padial			
(Contact Person)			
Jose I Padial, PA			
(Firm/Company)			
2600 S Douglas Rd PH-6			
(Address)	A.	2 2	
Coral Gables, FL 33134	LAH	2011 APR -1	Was i
(City, State and Zip Code)	A _S	70	ES, U.S.
JPADIAL@JPCPA.COM	SE C	< -	
E-mail address: (to be used for future annual report	notifications)	, 3	1 1
For further information concerning this ma	itter, please call:	AH II: 23	ŧ., ;
Odette Padial	at (305) 443-8010	w	
(Name of Contact Person)	(Area Code and Daytime Telephone Number)		
Enclosed is a check for the following amou	int:		
\$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 Certified Copy, and Certificate of Status		
STREET ADDRESS:	MAILING ADDRESS:		
Registration Section Division of Corporations	Registration Section Division of Corporations		
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" i				
Conversion is:	oration	PICCOCOGIS	19 01	O
(Enter Nam	e of Other Busir	PICCOCG 751 ness Entity)	12-2	
2. The "Other Business Entity" is a <u>COrpora</u>				
<u> </u>		12	· —i	
(Enter entity type. Exan	•		£	201
general partnership,	common iaw or	business trust, etc.)	≨ક	 >
first organized, formed or incorporated under	the laws of Flori	da	HAS	2011 APR -1
(Enter state, or if a non	-U.S. entity, the	name of the country)	SE	
			- 뜻의 :	.
on December 2, 2010				
(Enter date "Other Business Entit	ty" was first org	anized, formed or incorp	ograted)	- '
			DM N	ა
3. If the jurisdiction of the "Other Business E	Entity" was chang	ed, the state or country ur	ider the la	ws of
which it is now organized, formed or incorpor	rated:			
4. The name of the Florida Limited Liability	Company as set f	forth in the attached Arti	cles of	
Organization:				
Rafas, LLo (Enter Name of Flo	<u>C</u>		•	
(Enter Name of Flo	orida Limited Li	ability Company)		
5. If not effective on the date of filing, enter t	the effective date	•		
(The effective date: 1) cannot be prior to n			documen	t is
filed by the Florida Department of State; A				
attached Articles of Organization, if an effe			1100 11000	- 111 1110
6. The conversion is permitted by the applicat	ole law(s) govern	ing the other business ent	ity and the	<u>:</u>
conversion complies with such law(s) and the	· · · · ·	_	-	
The same of the sa		5.556. 157, 1 151, III 61100III		· VIDIOIII
7. The "Other Business Entity" currently exist	ts on the official	records of the jurisdiction	under wh	ich it is

currently organized, formed or incorporated.

Signature of Member or Authorized Representative of Limited Liability Company: Individual signing affirms that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S. Signature of Member or Authorized Representative: Printed Name: Renato Fernandes Signature(s) on behalf of Other Business Entity: Individual(s) signing affirm(s) that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S. [See below for required signature(s).] Signature: Printed Name: Title: President Signature: Printed Name: Printed N		
Individual signing affirms that the facts stated in this document are true. Any folse information constitutes a third degree felony as provided for in s.817.155, F.S. Signature of Member or Authorized Representative: Printed Name: Renato Fernandes Signature(s) on behalf of Other Business Entity; Individual(s) signing affirm(s) that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S. [See below for required signature(s).] Signature: Printed Name: Title: Prasident Signature: Printed Name: Title: Printed Name: Signature: Title: Signature: Printed Name: Title: Signature: Printed Name: Title: Signature: Printed Name: Title: Signature: Printed Name: Title: Signature: Printed Name: Title: Signature: Printed Name: Signature: Printed Name: Title: Signature: Printed Name: Signature: Printed Name: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign. If Florida General Partnership or Limited Liability Partnership: Signature of one General Partners. All others: Signature of an authorized person. Fees: Certificate of Conversion: \$25.00 Fees for Florida Articles of Organization: \$125.00 Certificate of Status: \$5.00 (Optional) Certificate of Status: \$5.00 (Optional)	Signed this 27 day of day of	20 <u>11</u>
Signature: Printed Name: Signature: Printed Name: Signature: Printed Name: Signature: Title: Signature: Printed Name: Signature: Printed Name: Title: Signature: Printed Name: Signature of Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign. If Florida General Partnership or Limited Liability Partnership: Signature of one General Partners. All others: Signature of an authorized person. Fees: Certificate of Conversion: Fees: Certificate of Conversion: Signature of Status: Signature of Status: Signature of O(ptional) Certificate of Status: Signature Signa	Signature of Member or Authorized Rep	presentative of Limited Liability Company:
Signature of Member or Authorized Representative: Printed Name: Renato Fernandes Signature(s) on behalf of Other Business Entity: Individual(s) signing affirm(s) that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S. [See below for required signature(s).] Signature: Printed Name: Title: President Signature: Printed Name: Title: Signature: Printed Name: Title: Printed Name: Title: Printed Name: Title: Signature: Printed Name: Title: Signature: Printed Name: Title: Signature: Printed Name: Title: Signature: Printed Name: Title: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign. If Florida General Partnership or Limited Liability Partnership: Signature of one General Partners. If Florida Limited Partnership or Limited Liability Limited Partnership: Signature of an authorized person. Fees: Certificate of Conversion: \$25.00 Certificate of Status: \$3.00 (Optional) Certificate of Status: \$3.00 (Optional)		
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Signature: Printed Name: Title: Signature: Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign. If Florida General Partnership or Limited Liability Partnership: Signature of one General Partners. If Florida Limited Partnership or Limited Liability Limited Partnership: Signature of an authorized person. Fees: Certificate of Conversion: S25.00 Fees for Florida Articles of Organization: S125.00 Certificate of Status: S5.00 (Optional)	this document are true. Any false informa	tion constitutes a third degree felony as provided for in
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Comp	any is:	
Rafas, LLC (Must end with the words "Limited Liability Company	y, the abbreviation "L.L.C.," or the designation "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of	f the principal office of the Limited Liabil	ity Company is:
Principal Office Address:	Mailing Address:	
2627 S. Bayshore Drive, Apt. 1407	2600 S Douglas Rd PH-6	
<u>Miami, FL 33133</u>	Coral Gables, FL 33134	
(The Limited Liability Company cannot serve as its over business entity with an active Florida registration.) The name and the Florida street address of the company cannot serve as its over business entity with an active Florida registration.)	ristered Office, & Registered Agent's Signan Registered Agent. You must designate an individual of the registered agent are: I Padial	
	Name	PR IAS
2600 S Doug	ilaa Dd DH 6	SE -
2600 S Doug Florida street a	address (P.O. Box <u>NOT</u> acceptable)	FS A IT
Coral Gables	FL 33134 City, State, and Zip	1: 23
company at the place designated in this ce agree to act in this capacity. I further agr proper and complete performance of my d position as registered agent as provided for	and to accept service of process for the above ertificate, I hereby accept the appointment acree to comply with the provisions of all statudaties, and I am familiar with and accept the for in Chapter 608, F.S. Stered Agent's Signature (REQUIRED)	as registered agent and utes relating to the

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s	s) or Managing Member(s):
-----------------------	-------------------------	----

The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager	me and Address:	
"MGRM" = Managing Member		
MGR	Renato Fernandes	
	2627 S. Bayshore, Apt 1407	
	Miami, FL 33133	
	A	2 2
	A	
		PR 7
		I HANDERS
		> 17
(Use attachment if necessary)	5 9	X
	e e e e e e e e e e e e e e e e e e e	N
TICLE V: Effective date, if other than	(OPTIONAL)	မ
ne effective date: 1) cannot be prior to	nor more than 90 days after the date this docum	ent is filed by
•) must be the same as the effective date listed in	-
rtificate of Conversion, if an effective d	late listed therein.)	
TOTAL CHECK A TEXT OF		
QUIRED SIGNATURE:		
	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	
	Que from	
Signature of a member or an au	athorized representative of a member.	
(In accordance with section 608,408(3), Flor	rida Statutes, the execution of this document constitutes an a	affirmation unde
the penalties of perjury that the facts stated document to the Department of State constitution.	herein are true. I am aware that any false information submitutes a third degree felony as provided for in s.817.155, F.S.	itted in a .)
document to the Department of State consti	herein are true. I am aware that any false information submitutes a third degree felony as provided for in s.817.155, F.S.	itted in a .)