

L11000044512

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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TALLAHASSEE, FLORIDA

D. BRUCE
APR 19 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IVORIAN PHARMACISTS INVESTMENT GROUP
(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:

STANLEY ZOUZOUA-MAGOURET
(Contact Person)
I.P.I.G.
(Firm/Company)
10711 BANFIELD DRIVE
(Address)
RIVERVIEW, FL, 33569
(City, State and Zip Code)
SMZOUZOUA@YAHOO.COM
E-mail Address: (to be used for future annual report notifications)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

STANLEY ZOUZOUA-MAGOURET at (813) 469-6000
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

<input type="checkbox"/> \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	<input checked="" type="checkbox"/> \$155.00 Filing Fees and Certificate of Status	<input type="checkbox"/> \$180.00 Filing Fees and Certified Copy	<input type="checkbox"/> \$185.00 Filing Fees. Certified Copy, and Certificate of Status
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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 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 Entity" immediately prior to the filing of this Certificate of Conversion is:

IVORIAN PHARMACISTS INVESTMENT GROUP

(Enter Name of Other Business Entity)

GP0700001176

2. The "Other Business Entity" is a GENERAL PARTNERSHIP

(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of FLORIDA

(Enter state, or if a non-U.S. entity, the name of the country)

on 07/26/2007

(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:

4. The name of the Florida Limited Liability Company as set forth in the attached **Articles of Organization**:

IVORIAN PHARMACISTS INVESTMENT GROUP

(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; **AND** 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)

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CLERK OF THE
FLORIDA
DEPARTMENT OF
STATE

Signed this _____ day of _____ 20_____.

Signature of Member or Authorized Representative of Limited Liability Company:

Signature of Member or Authorized Representative: _____
Printed Name: _____ Title: _____

Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: Stanley Zouaia-Faguet
Printed Name: STANLEY ZOUAIA-FAGUET Title: General Partner

Signature: Eric Dasso
Printed Name: ERASSA, BL KAKOU YARCE Title: General Partner

Signature: Eugene Guei
Printed Name: EUGENE GUEI Title: General Partner

Signature: Appolinaire G. Nari
Printed Name: APPOLINAIRE G. NARI Title: General Partner

Signature: Raymond Bleu Laine
Printed Name: Raymond Bleu Laine Title: General Partner

Signature: _____
Printed Name: _____ Title: _____

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 Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

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)

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

IVORIAN PHARMACISTS INVESTMENT GROUP LLC 

(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:

10711 BANFIELD DRIVE
RIVERVIEW, FL 33569

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:

STANLEY ZOUZOUA-MAGOURET

Name

10711 BANFIELD DRIVE

Florida street address (P.O. Box **NOT** acceptable)

RIVERVIEW

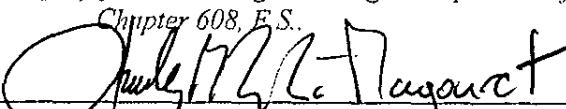
FL 33569

City, State, and Zip

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TALLAHASSEE, FLORIDA

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)

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 Member

Name and Address:

MGRM

STANLEY ZOUZOUA MAGOURET
10711 BANFIELD DRIVE
RIVERVIEW, FL 33569

MGRM

SE KAKOU MARC E DJASSA
108 East Mahoney St
Winslow AZ 86047

MGRM

EUGENE GUEI
5675 Roswell Rd Apt 57L
ATLANTA GA 30342

MGRM

APPOLINAIRE G. NARI
2026-1 PHS- North housing
CROWNPOINT, NM 87313

MGRM

RAYMOND BIEU-LAINE
12344 SANDY POINT COURT
Silver SPRING, MD 20904

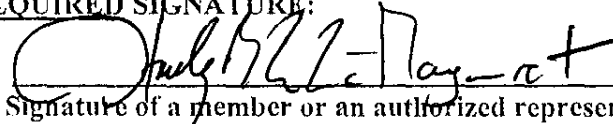
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____

(OPTIONAL)

(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; AND 2) must be the same as the effective date listed in the attached Certificate of Conversion, if an effective date is listed therein.)

REQUIRED SIGNATURE:



Signature of a member or an 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.)

STANLEY ZOUZOUA-MAGOURET

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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