L11000060313

(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:	

Office Use Only



000207553770

05/20/11--01008--013 **150.00

DIVISION OF CURPORATION 36

T. HAMPTON

MAY 2 V 2011

EXAMINER

COVER LETTER

TO	•	on Section of Corporations			
SU	JBJECT:	UNÎ-K	T NDUSTRI f Resulting Florida Limited	ES, LLC.	·
		(Name o	f Resulting Florida Limited	d Company)	
"O	Other Business l		Limited Liability Comp	on, and fees are submitted pany" in accordance with	
i		ANA MARQUE	2		
: —		(Contact Person)			
	1/0/1-				
	4707	K INDUSTRIE (Firm/Company)			
, —	979	(Address)	87 AVENUE		
***		MEDLEY FL	33178		•
_		(City, State and Zip Code	e)		
عقار	Prost	iaemy@amail	. Com		
E-ı	mail address: (to b	e used for future annual repo	ort notifications)		
**		nation concerning this r			•
	ANA	MARQUE Z	at (954)	600-0537	
	(Name of C	Contact Person)	(Area Code and	Daytime Telephone Number	`
Ér	nclosed is a che	ck for the following am	ount:		
&	50.00 Filing Fees 25 for Conversion \$125 for Articles Organization)	\$155.00 Filing Fees and Certificate of Status	\$180.00 Filing Fees and Certified Copy	\$185.00 Filing Fees, Certified Copy, and Certificate of Status	·
Ro D Ci 26	FREET ADDR egistration Sect ivision of Corp inton Building 661 Executive Callahassee, FL	ion orations Center Circle	Registration Division on P. O. Box	f Corporations	

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.

	"Other Business E	ntity" imn	ediately prior to the filing	g of this Certificate o	f
Conversion is:	UNI-K	CNÎ	USTRIES, LLC		. ,
			Other Business Entity)	1	
2. The "Other Busi	(Enter entity type	. Exampl	Limited Liagilites: corporation, limited printed printegration.	partnership,	DIVISION OF CURPORALIST
first organized, form			laws of <u>STATE of</u> S. entity, the name of th		AH 10: 36
on April	07, 2010				
(Enter da	te "Other Busines	ss Entity"	was first organized, for	med or incorporated	
3. If the jurisdictio			ry" was changed, the state d:	or country under the	e laws of
	<u>5 T</u>	ATE OF	FLORIDA	 ·	
4. The name of the Organization:	Florida Limited Li	ability Co	mpany as set forth in the	attached Articles of	,
	UN	i-K I	NDUSTRIES, LL	C	
,3	(Enter Nam	e of Flori	la Limited Liability Cor	npany)	•
filed by the Florid	: 1) cannot be pri a Department of S	ior to nor State; <u>AN</u> I	effective date: more than 90 days after 2 2) must be the same as ve date is listed therein.	the effective date li	
			law(s) governing the other		
	ness Entity" curren	•	n the official records of t	he jurisdiction under	which it is

Signed this 18 day of 700	720	
Signature of Member or Authorized Res	presentative of Limited Liability Company:	
Individual signing affirms that the facts st	ated in this document are true. Any false info	rmation
constitutes a third degree felony as provid	ed for in s.817.155, F.S.	
,	(() 860	
Signature of Member or Authorized Repre	sentative:	-
Signature of Member or Authorized Repre Printed Name:	Title:M GK	-
	Entity: Individual(s) signing affirm(s) that the	facts stated i
this document are true. Any false informa	tion constitutes a third degree felony as provide	ded for in
s.817.155, F.S. [See below for required slg	nature(s).]	
COSO ST	Title: MGR	
Signature		_
Printed Name: ANA MAROUEZ	Title: MGK	=
Signature'		
Printed Name:	Title:	-
		-
Signature:	Title:	_
Printed Name:	Title:	-
C:		
Drinted Name:	Title:	
Frinced Name.	1100.	•
Signature:	Title:	_
Printed Name:	Title:	_
0 *		
Signature:	Title:	- ·
Printed Name:	Title.	-
If Florida Corporation:		•
Signature of Chairman, Vice Chairman, Dire	ector, or Officer.	
If Directors or Officers have not been selected	ed, an Incorporator must sign.	•
TOTAL LA CLASSICAL LA L	II ' I the Dente cookie.	
If Florida General Partnership or Limited Signature of one General Partner.	Liability Partnership:	
Signature of one deficial faither.		
If Florida Limited Partnership or Limited	Liability Limited Partnership:	<u></u>
Signatures of ALL General Partners.		
	·	3 9
All others:		# F
Signature of an authorized person.		20
Fees:		350
1 003.		11 HAY 20 AH 10: 36
Certificate of Conversion:	\$25.00	Ö
Fees for Florida Articles of Organization:	\$125.00	တ
Certified Copy:	\$30.00 (Optional)	_
Certificate of Status:	\$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:

	UNI-K I	ation "L.L.C.," or the designation "LLC.")	
(Must end with the words "Limite	d Liability Company, the abbrevia	ation "L.L.C.," or the designation "LLC.")	•
ARTICLE II - Address: The mailing address and s		ipal office of the Limited Liability Con	npany is:
Principal Office Addres	<u>s:</u>	Mailing Address:	,
9795 NORTH WEST	8) AVENUE 33178	9795 NORTH WEST 871 MEDLE, FL 33178	YVENUE
ARTICLE III - Register (The Limited Liability Company of business entity with an active Flo	cannot serve as its own Registered	ffice, & Registered Agent's Signature I Agent. You must designate an individual or anothe	e: .r
The name and the Florida	street address of the regi	stered agent are:	
	ANA	MARQUEZ	
•	N	lame	
	9795 NORTH	WEST 87 AVENUE	
	Florida street address (P	.O. Box NOT acceptable)	
	MEDLEY	FL 33178 ate, and Zip	
	Čity, St	ate, and Zip	
company at the place desi agree to act in this capaci	gnated in this certificate, l ty. I further agree to comp ormance of my duties, and	pt service of process for the above stated hereby accept the appointment as regis ply with the provisions of all statutes related am familiar with and accept the obligation for the following the fol	tered agent and ating to the

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

11 MAY 20 4M IO: 36

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager "MGRM" = Managing Member	•
MGR	ANA MARQUEZ 9795 NORTH WEST 87 AVENUE
	MEDLEY, FL 33178
Use attachment if necessary)	
	(OPTIONAL)
effective date: 1) cannot be prior orida Department of State; AN icate of Conversion, if an effective SIGNATURE:	(OPTIONAL) to nor more than 90 days after the date this document is file D 2) must be the same as the effective date listed in the att ve date listed therein.) mauthorized representative of a member.
effective date: 1) cannot be prior orida Department of State; AN icate of Conversion, if an effective Signature of a member or a state of the penalties of perjury that the facts state or in the penalties of perjury that the facts state or in the penalties of perjury that the facts state or in the penalties of perjury that the facts state or in the penalties of perjury that the facts state or in the penalties of perjury that the facts state or in the penalties of perjury that the facts state or in the penalties of perjury that the facts state or in the penalties of perjury that the facts state or in the penalties of perjury that the facts state or in the penalties of perjury that the facts state or in the penalties of perjury that the facts state or in the penalties of perjury that the facts state or in the penalties of perjury that the facts state or in the penalties of penalties or in the penalties or in the penalties of penalties or in the penalties of penalties or in the penalt	(OPTIONAL) to nor more than 90 days after the date this document is file D 2) must be the same as the effective date listed in the att ve date listed therein.)
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orida Department of State; ANI icate of Conversion, if an effective UIRED SIGNATURE: Signature of a member of a member of a state of perjury that the facts state document to the Department of State of ANA	(OPTIONAL) To nor more than 90 days after the date this document is file D 2) must be the same as the effective date listed in the att ve date listed therein.) The authorized representative of a member. Florida Statutes, the execution of this document constitutes an affirmation ated herein are true. I am aware that any false information submitted in a constitutes a third degree felony as provided for in s.817.155, F.S.)