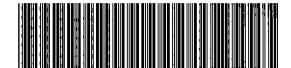
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(Re	equestor's Name)	
		·
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
· (Do	ocument Number)	
(50)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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T. HAMPTON

JUN - 8 2011

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## **COVER LETTER**

· TO:

2661 Executive Center Circle

Tallahassee, FL 32301

TO: Registration Division of	n Section f Corporations			
SUBJECT: Silp	•			
SUBJECT:	(Name o	of Resulting Florida Limite	d Company)	
			on, and fees are submitted to convert a pany" in accordance with s. 608.439, I	
Please return all co	orrespondence concern	ing this matter to:		
Cesar Gomez				
	(Contact Person)			
Sala & Gomez, F	P.A.			
	(Firm/Company)			
260 Crandon Blv	/d #14			
	(Address)			
Key Biscayne,	FL 33149			
	(City, State and Zip Code	e)		
mail@salagome	ezpa.com			
E-mail address: (to be	used for future annual repo	ort notifications)		
For further inform	ation concerning this r	natter, please call:		
Cesar Gomez		at ( 305 ) 3	861-0105	
(Name of Co	ntact Person)		Daytime Telephone Number)	
Enclosed is a chec	k for the following am	ount:		
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	7\$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	,
STREET ADDRI	ESS:	MAILING	G ADDRESS:	
Registration Section	on	Registratio	n Section	
Division of Corpor	rations		f Corporations	
Clifton Building		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:	= "	SEVIO
Silpu, Inc (Enter Name of Other Business Entity)	ي	
(Enter Name of Other Dusiness Entity)	¥	000
2. The "Other Business Entity" is a For Profit Corporation	JUN -3	TARY OF C
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	4州市: 22	ORPORATIONS
first organized, formed or incorporated under the laws of Florida	~	AA
(Enter state, or if a non-U.S. entity, the name of the country)	2	SKOL
on 4/22/09		
(Enter date "Other Business Entity" was first organized, formed or incorporated	i <b>)</b>	
<ol> <li>If the jurisdiction of the "Other Business Entity" was changed, the state or country under the which it is now organized, formed or incorporated:</li> </ol>	laws o	of
N/A		
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:		
Silpu, LLC		
(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 docum filed by the Florida Department of State; <u>AND</u> 2) must be the same as the effective date lis attached Articles of Organization, if an effective date is listed therein.)		the
6. The conversion is permitted by the applicable law(s) governing the other business entity and conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting the conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting the		sion.
7. The "Other Business Entity" currently exists on the official records of the jurisdiction under currently organized, formed or incorporated.	which	it is

[ \$ 1601.'Y		
Signed this day of day of	20//	
	resentative of Limited Liability Company: ated in this document are true. Any false informed for in s.817.155, F.S.	aation
Signature of Member or Authorized Repres Printed Name: <u>Luis Spanier</u>	entative:	
this document are true. Any false informat s.817.155, F.S. [See below for required sign		
Signature:	Title: Director	
Printed Name: Lula Spanior	Title: Director	
Signature:	Title:	
Printed Name:	Title:	
Signature:Printed Name:	Title:	
Printed Name:	Title:	
	Title:	
Printed Name;	Title:	
Signature:Printed Name:	Title:	
If Florida Corporation; Signature of Chairman, Vice Chairman, Directors or Officers have not been selected		
If Florida General Partnership or Limited Signature of one General Partner.	Liability Partnership;	
If Florida Limited Partnership or Limited Signatures of ALL General Partners.	Liability Limited Partnership:	
All others: Signature of an authorized person.		י <b>ר</b>
Fees:		1510N OF (
Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional) Page 2 of 2	DIVISION OF CORPORATION OF CORPORATI

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Silpu, LLC	
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
260 Crandon Blvd.	260 Crandon Blvd.
Unit 14 Key Biscayne, FL 33149	Key Biscayne, FL 33149
(The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the residual control of the residual	
Sala & Gomez, P.A.	
Name	
260 Crandon Blvo	l. Unit 14
	ess (P.O. Box <u>NOT</u> acceptable)
Key Biscayne	<sub>FL</sub> 33149
City, Stat	e, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ocept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of al formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

DIVISION OF CORPORATIONS

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

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

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	SoFla Holdings S.A.
<del></del>	260 Crandon Blvd. Unit 14
	Key Biscayne, FL 33149
(Use attachment if necessary)	
	(ADTIONAL)
TICLE V: Effective date, if other than the	date of filing: (OPTIONAL)
n enective date is listed, the date must be r 90 days after the date of filing.)	e specific and cannot be more than five business days prior
r 90 days after the date of fining.)	
<b>REQUIRED SIGNATURE:</b>	
INVOINED SIGNATIONS.	
AUG OINGS SIGNATIONES	
· ·	
·	or an authorized representative of a member.
Signature of a membe	3,408(3), Florida Statutes, the execution of this document
Signature of a membe  (In accordance with section 608 constitutes an affirmation under	3.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State

Filing Fees:

\$125,00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

Luis Spanier

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2

Typed or printed name of signee