(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
openial insulations to filling office.

Office Use Only



900209834429

07/22/11--01015--018 \*\*125.00

07/12/11--01019--002 \*\*25.00

TIARY OF STATE AND A

J. BRYAN

JUL 22 2011

**EXAMINER** 

# **COVER LETTER**

Division of Corporations	
SUBJECT: NUTMEG HOLDINGS	LLC
(Name of	Resulting Florida Limited Company)
	articles of Organization, and fees are submitted to convert an imited Liability Company" in accordance with s. 608.439, F.S. ang this matter to:
CARMEN RAMOS	
(Contact Person)	
(Firm/Company)	
PO BOX 149374	
(Address)	PRE L2
ORLANDO, FL 32814	SS
(City, State and Zip Code)	# P
USE MAILING ADDRESS A	BOVE
E-mail address: (to be used for future annual report	rt notifications)
For further information concerning this m	atter, please call:
AS ABOVE	at (
(Name of Contact Person)	(Area Code and Daytime Telephone Number)
Enclosed is a check for the following amo	ount:
\$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  \$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 15, 2011

CARMEN RAMOS PO BOX 149374 ORLANDO, FL 32814

SUBJECT: NUTMEG HOLDINGS LLC

Ref. Number: W11000037193



We have received your document for NUTMEG HOLDINGS LLC and your check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following:

There is a balance due of \$125.00.

We can't take the money from the online filing and apply to mailed in documents. You will have to send us a check for \$125.00, also a seperate letter requesting refund for the online filing, also include name and address of whom we make refund check back to..

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 211A00016785

July 18, 2011

RE: Nutmeg Holdings LLC Doc Filings W11000033955 and W11000037193

Dear Sir or Madam:

Please accept this money order for \$125 to complete the (offline) payment for transfer from INC to LLC.

Please refund the online payment made for \$125 on filed date 6/23/2011 back to the debit card or mail refund to Carmen Ramos at PO BOX 149374, Orlando, FL 32814.

Thank you in advance for your time and kind consideration.

## **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.

s.608.439, Florida Statutes.
1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:  NUTMEG HOLDINGS, INC.  (Enter Name of Other Business Entity)  3. The "Other Business Entity" is a CORPORATION
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a 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 FLORIDA  (Enter state, or if a non-U.S. entity, the name of the country)
on <u>03/17/2008</u> .
(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:
NUTMEG HOLDINGS 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 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.)
6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting the conversion.
7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is currently organized, formed or incorporated.

Signed this <u>1ST</u> day of <u>JULY</u>	20 <u>_11</u>	
	eresentative of Limited Liability Companystated in this document are true. Any false infeed for in s.817.155, F.S.	
Signature of Member or Authorized Repres Printed Name: CARMEN RAMOS	Title: ANTHORIZED REPRESENTATIVE	2
	ntity: Individual(s) signing affirm(s) that the tion constitutes a third degree felony as prov nature(s).]	
Signature: RAPEK BOLAREZ		
Printed Name: RAFIK BOUAZIZ	Title: DIRECTOR	
<u>.</u>		
Signature:	Title:	_
Printed Name:	i itie:	-76
Signature:		
Printed Name:	Title:	これで
		1 2 m
Signature:	Title:	
Printed Name:	Title:	- 12° 63
		RESERVED IN SERVED IN SERV
Signature:	Title:	
Printed Name:	1 lue:	_
Signature:		
Printed Name:	Title:	<del></del>
		<del>_</del>
If Florida Corporation: Signature of Chairman, Vice Chairman, Directors or Officers have not been selected.	d, an Incorporator must sign.	
If Florida General Partnership or Limited Signature of one General Partner.	Liability Partnership:	
If Florida Limited Partnership or Limited Signatures of <u>ALL</u> General Partners.	Liability Limited Partnership:	
All others: Signature of an authorized person.		
Fees:		
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	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

# NUTMEG HOLDINGS 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:** 

1459 LAKE BALDWIN LANE, SUITE A

PO BOX 149374

ORLANDO, FE 32814

NEARDO, L JZ014

# 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:

CARMEN RAMOS

Name

1459 LAKE BALDWIN LANE, SUITE A

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

**ORLANDO** 

FL 32814

City, State, and Zip

SECRETARY OF STATE 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)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing N	Name and Address: Member	
MGR	CARMEN RAMOS 1459 LAKE BALDWIN LANE, SUITE A ORLANDO, FL 32814	
		DL 21 PM
(Use attachment if needs	esary)	2: 38 FLORID
(Use attachment if neces		
TCLE V: Effective date, in effective date, in effective date: 1) cannot allorida Department of St	if other than the date of filing:  (OPTIONAL)  be prior to nor more than 90 days after the date this dotate; AND 2) must be the same as the effective date list in effective date listed therein.)	
FICLE V: Effective date, is effective date: 1) cannot florida Department of St ificate of Conversion, if a DUIRED SIGNATURE:	(OPTIONAL) be prior to nor more than 90 days after the date this dotate; AND 2) must be the same as the effective date list	