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Office Use Only



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2011 AUG'H RH & 11

C. LEWIS

AUG -12 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: NI DE M	
(Name of Resulting Flor	rida Limited Company)
The enclosed Certificate of Conversion, Articles of O "Other Business Entity" into a "Florida Limited Liabi	rganization, and fees are submitted to convert an lity Company" in accordance with s. 608.439, F.S.
Please return all correspondence concerning this matter	er to:
DETLEF M. MARTINEZ (Contact Person) NI DE MAR (Firm/Company)	
NI DE MAR	
(Firm/Company)	
P. O. Box 254	1
(Address)	1 7 4 4
PALM HARBOR, FL 34/80 (City, State and Zip Code))-0254
(City, State and Zip Code)	# 1-2
detlefm@PRODIGY.NET	
E-mail address: (to be used for future annual report notifications)	
For further information concerning this matter, please	
DETLEF MARTINEZ at (7)	17) 771-5066
(Name of Contact Person) (Are:	a Code and Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$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 Certificate of Status	
STREET ADDRESS:	IAILING ADDRESS:
<u> </u>	egistration Section
•	vivision of Corporations . O. Box 6327
• · · · · · · · · · · · · · · · · · · ·	allahassee, FL 32314
Tallahassee, FL 32301	



August 2, 2011

DETLEF M. MARTINEZ NI DE MAR P.O. BOX 254 PALM HARBOR, FL 34682-0254

SUBJECT: NI DE MAR LLC Ref. Number: W11000040423

We have received your document for NI DE MAR LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please make sure it is an LLC that you want to convert to. You circled Limited Liability Partnership on the signature page of the conversion. If you want to be an Ilp. You have sent in the wrong paperwork. Please call for more instructions.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Letter Number: 711A00018140

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

2011 AUG FI PH 器 16

SECRETARY OF STATE TALLAHASSEE. FLORIDA

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.

	"Other Business E	ntity" immed	iately prior to the	filing of this Certificate of	
Conversion is:	N, DE	MAR	INC.	PIIOOO/3	2610
	(Enter	r Name of O	ther Business Er	rtity)	
2. The "Other Bus	iness Entity" is a (Enter entity type. general partne	Example:	CORPORAT corporation, lim on law or busine	ited partnership,	
first organized, for	med or incorporated (Enter state, or if				
on <u>4 FE</u>	B 2011				
(Enter da	ate "Other Busines	s Entity" wa	s first organized	, formed or incorporated)	
_	n of the "Other Busi anized, formed or in	-	was changed, the	state or country under the la	aws of
4. The name of the Organization:			_	the attached Articles of	
	NIDE	MAR	LLC.		
	(Enter Name	e of Florida I	imited Liability	ון ו	
(I he effective date filed by the Florid	e: 1) cannot be pric	or to nor mo tate; <u>AND</u> 2)	re than 90 days a must be the san	SAUG 2011 after the date this document ne as the effective date lister rein.)	nt is ed in the
				other business entity and the	

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 8 day of AU	(2 20 //	
•	;	
Individual signing affirms that the facts star constitutes a third degree felony as provided		nation
Signature of Member or Authorized Represe Printed Name: DETLEF M. MART.	entative: fulf 11 11 11 11 11 11 11 11 11 11 11 11 11	
this document are true. Any false information s.817.155, F.S. [See below for required signs		
Signature: DETLEF M. MART.	va Title: COD/PRES.	
Signature:Printed Name:	Title:	2011
Signature:Printed Name:	Title:	CRETES
	Title:	PE ST
Signature:Printed Name:		ORIDA ORIDA
If Florida Corporation: Signature of Chairman, Vice Chairman, Direct If Directors or Officers have not been selected.	tor, or Officer.	
If Florida General Partnership or Limited 1 Signature of one General Partner.		
If Florida Limited Partnership or Limited I Signatures of <u>ALL</u> General Partners.	Liability Limited Partnership:	
All others: Signature of an authorized person.		
Fees:		
Fees for Florida Articles of Organization: Certified Copy:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional) Page 2 of 2	

ARTICLES OF ORGANIZATION TORT BONDS EMBELS OF ORGANIZATION
ARTICLE I - Name:
The name of the Limited Liability Company is:
NI DE MAR LIC
(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:
DUNEDIN FL 34698 P.O. BOY JSY PAIN HALBOR, F 34682-BUSY
<u> </u>
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:
ELS/E SANCHEZ SPIEGEL + UTERA, PA Name 1840 SW JJM STR SUITE4 Florida street address (P.O. Box NOT acceptable)
1840 SW JJM STR SUITE4 Florida street address (P.O. Box NOT acceptable)
MIAMI FL 33145 City, State, and Zip
City, State, and Zip
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
V Ilio Sendo

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

ARTICLE IV- Manager(s) of The name and address of each	or Managing Member(s): Manager or Managing Member is	s as follow&III AUG FI P.H 5 12
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Memb	Name and Address:	SECRETARY OF STATE TALLAHASSEE. FLORIDA
MGR		MARTINE 2 54 76, FC 34681-0054
MGRM	NILDA 6.	MARTINEZ 254 DR F. 34682084
		11x F 34 60 5 05 1
(Use attachment if necessary)		
ARTICLE V: Effective date, if other	er than the date of filing:	<u>AUG 2011</u> IONAL)
(The effective date: 1) cannot be pr	ior to nor more than 90 days aften AND 2) must be the same as the	er the date this document is filed by effective date listed in the attached
REQUIRED SIGNATURE: Signature of a member of	or an authorized representative of a mo	ember.
the penalties of perjury that the facts	(3), Florida Statutes, the execution of this stated herein are true. I am aware that a e constitutes a third degree felony as pro	s document constitutes an affirmation under ny false information submitted in a vided for in s.817.155, F.S.)
	P MARTINE 2 /ped or printed name of signee	

Page 2 of 2