L11000102468

**
(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:
A. LUNT
SEP - 7 2011
EXAMINER

Office Use Only



300210810283

08/22/11--01027--016 **185.00



August 23, 2011

GLORIA POWELL 1701 SO. ATLANTIC AVE. COCOA BEACH, FL 32931

SUBJECT: SANLEDA, LLC Ref. Number: W11000043960

We have received your document for SANLEDA, 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.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return 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) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 011A00019768

COVER LETTER

Division of Corporations			
SUBJECT: SANLEDA, LLC			
(Name of Resulting Florida Limited Company)			
The enclosed Certificate of Conversion, Articles of Organization, and fees are submit "Other Business Entity" into a "Florida Limited Liability Company" in accordance w			
Please return all correspondence concerning this matter to:			
GLORIA POWELL			
(Contact Person) South REACH TNN	MIN	2011 SEP	,
(Firm/Company) 1701 So. ATLANTIC AV.	WHASSI	EP -6	
COCOA BEACH, FL 32931	OF STA	PH N	1
(City, State and Zip Code) SBEACHINN A AOL, Com	Dir.	CD CD	
E-mail address: (to be used for future annual report notifications)			
For further information concerning this matter, please call:			
GLORIA POUSELL at (32) 636-7/38 (Name of Contact Person) (Area Code and Daytime Telephone Numb	er)		
Enclosed is a check for the following amount:	·		
\$150,00 Filing Fees \$150,00 Filing Fees and Certificate of Status \$185.00 Filing Fees and Certified Copy Status \$185.00 Filing Fees, Certified Copy, and Certificate of Status			
STREET ADDRESS: MAILING ADDRESS:			
Registration Section Registration Section			
Division of Corporations Clifton Building Division of Corporations P. O. Box 6327			
2661 Executive Center Circle Tallahassee, FL 32314			
Tallahåssee, FL 32301			

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 Certification 1.	ficate o	f	
Conversion is: SANIENA, TAC			
(Enter Name of Other Business Entity)		2011	
2. The "Other Business Entity" is a Corporation	A A A A A A	2011 SEP - s	
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	ARY OF	-6 PM	
first organized, formed or incorporated under the laws of _FLORIDA		Ð.	C
(Enter state, or if a non-U.S. entity, the name of the country)		S	
on 18/31/1980	مثريق		
on 12/31/1980 (Enter date "Other Business Entity" was first organized, formed or incorp	porate	d)	
4. The name of the Florida Limited Liability Company as set forth in the attached Arti Organization:	cles of		
SANIENA II C			
(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 filed by the Florida Department of State; AND 2) must be the same as the effective 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 ent conversion complies with such law(s) and the requirements of s.608.439, F.S., in effective			sion.
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 19 day of Ququs	20 1\			
Signature of Member or Authorized Rep	resentative of Limited Liability Company: ated in this document are true. Any false info		n	
	entative: <u>Isla Cowell</u> Title: <u>PRESIDENT</u>			
this document are true. Any false informat s.817.155, F.S. [See below for required sign	A	ided for	tated i	in
Printed Name: DAY/D L, SAUDEL	Title: SECRETORY/TREASURER	-		
Signature: Ston T Stenne Printed Name: LEON 7 STENNES	Title: VICE PRESIDENT	<u>-</u>		
Signature:Printed Name:	T'41	– .		
			2011 SEP	
Signature:Printed Name:	Title:		SEP	
		ASS.	\$	[
Printed Name:	Title:		3	r
		158 171 171 171 171 171 171 171 171 171 17	B	Name I a
Printed Name:	Title:	—Ş∄ -	S	
If Florida Corporation: Signature of Chairman, Vice Chairman, Direct If Directors or Officers have not been selected. If Florida General Partnership or Limited Signature of one General Partner.	d, an Incorporator must sign.			
If Florida Limited Partnership or Limited Signatures of ALL 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

The name of the Limited Liability Company is:			
Must end with the words "Limited Liability Company, the abbrev			
(Music end with the words 'Lamito's Listing Company, the source	inion "L.L.C.," or the designation "LLC")	·	
ARTICLE II - Address: The mailing address and street address of the principle.	cipal office of the Limited Liability Company is	· :	• .
Principal Office Address:	Mailing Address:	•	
1701 So. ATLANTIC AV.	1701 So. ATLANTIC. AU. COCOA BEACH, FL. 32931		
ARTICLE III - Registered Agent, Registered O (The Limited Liability Company cannot serve as its own Registere business entity with an active Florida registration.)		P 2	
The name and the Florida street address of the reg	istered agent are:	ALL SEC	
GLORI	A POWELL	SEP AHAS	
	Name	- 6	-
1701 So. ATIANT Florida street address (P	P.O. Box NOT acceptable)	PH 2	C
· ·	/ FL 3393/	PH N	
	tate, and Zip	•	
Having been named as registered agent and to acce company at the place designated in this certificate, is agree to act in this capacity. I further agree to com- proper and complete performance of my duties, and position as registered agent as provided for in Chap	I hereby accept the appointment as registered age ply with the provisions of all statutes relating to th I am familiar with and accept the obligations of i	ent and he	

Blown Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM	ARTICLE IV- Mar The name and addre	ager(s) or Managin s of each Manager o	ng Member(s): or Managing Member	is as follows:	
(Use attachment if necessary) RTICLE V: Effective date, if other than the date of filing: (OPTIONAL) (OPTIONAL) (OPTIONAL) (Description of the date of filing: (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL) (Description of the date of filing: (OPTIONAL) (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation the penalties of perjury that the facts stated breein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in a 817.155, F.S.)	"MGR" = Manager		nd Address:		EP -6 PA
(Use attachment if necessary) (Use attachment if necessary) (Use attachment if necessary) (Use attachment if necessary) (OPTIONAL) the effective date: 1) cannot be prior to nor more than 90 days after the date this document is file at the effective date: 1) cannot be prior to nor more than 90 days after the date this document is file at the effective date listed in the attactificate of Conversion, if an effective date listed therein.) EQUIRED SIGNATURE: (In accordance with section 608.408(3), Florids Statutes, the execution of this document constitutes an affirmation the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in a.817.155, F.S.)	MGR	- - -	1701 So. ATL		- TOPE -
(Use attachment if necessary) (Use attachment if necessary) (Use attachment if necessary) (OPTIONAL) (OPTIONAL	MGRM	- -	A 10.4	LANTIC AV.	
TICLE 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 file. Florida Department of State; AND 2) must be the same as the effective date listed in the attaintificate of Conversion, if an effective date listed therein.) OUIRED SIGNATURE: (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)	MGRM	- -	1701 So. AT	LANTIC AV.	
(OPTIONAL) ne effective date: 1) cannot be prior to nor more than 90 days after the date this document is file. Florida Department of State; AND 2) must be the same as the effective date listed in the attactificate of Conversion, if an effective date listed therein.) COUIRED 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 the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)	(Use attachment if n	ecessary)			
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 the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)	ne effective date: 1) car : Florida Department (mot be prior to nor of State; <u>AND</u> 2) mi	O) more than 90 days a ust be the same as th	fter the date this de	
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 the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)	OUIRED SIGNATU	RE:			
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)					
GLORIA POWELL	(In accordance with sect	ion 608.408(3), Florida S that the facts stated herei ment of State constitutes	Statutes, the execution of in are true. I am aware the a third degree felony as p	this document constitute at any false information provided for in s.817.15	submitted in a
Trend or printed power of signer	·	GLOR	IA POWELL		

Page 2 of 2