

L11000110786

(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

D. BRUCE

SEP 28 2011

EXAMINER



300212221433

09/26/11--01032--010 \*\*150.00

FILED  
11 SEP 22 PM 2:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- See attached USPS  
Confirmation.  
- Rec'd @ USPS  
@ 7:35 am on  
9/22/11.  
- [Signature]

EFFECTIVE DATE 9/23/11

[Customer Service](#)[USPS Mobile](#)[Register / Sign In](#)[Search USPS.com or Track Packages](#)[Quick Tools](#)[Ship a Package](#)[Send Mail](#)[Manage Your Mail](#)[Shop](#)[Business Solutions](#)

## Track & Confirm

[GET EMAIL UPDATES](#)[PRINT DETAILS](#)**YOUR LABEL NUMBER**

23093620000020515615

**SERVICE**

Priority Mail®

**STATUS OF YOUR ITEM**Notice Left (No  
Authorized Recipient  
Available)

Sorting Complete

Notice Left

Arrival at Unit

Processed through Sort  
FacilityProcessed through Sort  
Facility

Acceptance

**DATE & TIME**September 23, 2011, 12:15  
pm

September 22, 2011, 9:24 am

September 22, 2011, 7:50 am

September 22, 2011, 7:35 am

September 21, 2011, 10:20  
pm

September 20, 2011, 9:49 pm

September 20, 2011, 4:18 pm

**LOCATION**

TALLAHASSEE, FL 32389

TALLAHASSEE, FL 32301

TALLAHASSEE, FL 32301

TALLAHASSEE, FL 32301

JACKSONVILLE, FL 32099

ELK GROVE  
VILLAGE, IL 60007FRANKLIN  
PARK, IL 60131**FEATURES**Expected Delivery By:  
September 22, 2011  
Signature Confirmation™  
Proof of Delivery**Check on Another Item**

What's your label (or receipt) number?

[Find](#)**LEGAL**[Privacy Policy](#)[Terms of Use](#)[FOIA](#)[No FEAR Act EEO Data](#)**ON USPS.COM**[Government Services](#)[Buy Stamps & Shop](#)[Print a Label with Postage](#)[Customer Service](#)[Site Index](#)**ON ABOUT.USPS.COM**[About USPS Home](#)[Newsroom](#)[Mail Service Updates](#)[Forms & Publications](#)[Careers](#)**OTHER USPS SITES**[Business Customer Gateway](#)[Postal Inspectors](#)[Inspector General](#)[Postal Explorer](#)

Copyright© 2011 USPS. All Rights Reserved

FILED  
11 SEP 22 PM 2:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DAILY MIRACLES, LLC

(Name of Resulting Florida Limited Company)

The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.

Please return all correspondence concerning this matter to:

J. P. MORGAN

(Contact Person)

DAILY MIRACLES, LLC

(Firm/Company)

3926 WEHRMAN AVE

(Address)

SCHILLER PARK, IL 60176

(City, State and Zip Code)

JP@DAILYMIRACLES.ORG

E-mail address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

J. P. MORGAN

(Name of Contact Person)

at ( 312 ) 399-0635

(Area 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 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  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**FILED**  
11 SEP 22 PM 2:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

DAILY MIRACLES 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 MARCH 29, 2010

(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:

N/A

4. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

DAILY MIRACLES, LLC

(Enter Name of Florida Limited Liability Company)

5. If not effective on the date of filing, enter the effective date: SEPTEMBER 23, 2011

(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.

EFFECTIVE DATE 9/23/11

FILED  
11 SEP 22 PM 2:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Signed this 20 day of SEPTEMBER 20 11.

**Signature of Member or Authorized Representative of Limited Liability Company:**

Individual signing affirms that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Member or Authorized Representative: 

Printed Name: J. P. MORGAN

Title: CHIEF OPERATING OFFICER

**Signature(s) on behalf of Other Business Entity:** Individual(s) signing affirm(s) that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S. [See below for required signature(s).]

Signature: 

Printed Name: J. P. MORGAN

Title: CHIEF OPERATING OFFICER

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

**If Florida Corporation:**

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**All others:**

Signature of an authorized person.

**Fees:**

Certificate of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

FILED  
11 SEP 22 PM 2:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DAILY MIRACLES, 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:

333 S. OAK PARK AVE, #1N

OAK PARK, IL 60302

Mailing Address:

3926 WEHRMAN AVE

SCHILLER PARK, IL 60176

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:

CHRISTOPHE L. DI FALCO

Name

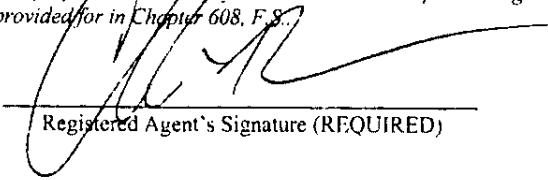
3301 PONCE DE LEON BOULDEVARD, SUITE 200

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

CORAL GABLES FL 33134

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.*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED  
11 SEP 22 PM 2:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

BARRY STAMOS

333 S. OAK PARK AVE, #1N

OAK PARK, IL 60302

MGRM

J. P. MORGAN

3926 WEHRMAN AVE

SCHILLER PARK, IL 60176

(Use attachment if necessary)

**ARTICLE 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 filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Certificate of Conversion, if an effective date listed therein.)

**REQUIRED 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 under 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.)

J. P. MORGAN

Typed or printed name of signee

**FILED**  
11 SEP 22 PM 2:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA