L11000125903

(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:





200213939602

11/03/11--01014--023 **150.00

2011 NOV -3 PM 1:36
SECRETARY OF STATE

C. LEWIS

NOV 4 2011

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT.	(AZUA TNC
SUBJECT:(Name	e of Resulting Florida Limited Company)
"Other Business Entity" into a "Florida	a, Articles of Organization, and fees are submitted to convert an Limited Liability Company" in accordance with s. 608.439, F.S
Please return all correspondence concern	rning this matter to:
్ట్ Eric Algarin	
(Contact Person)	
AEYA Inc.	
((Firm/Company)	
9157 Lee Vista Blvd Apt 201 (Address)	
Orlando, Florida 32829 (City, State and Zip Cod	de)
eric.algarin@gmail.com	uc)
E-mail address: (to be used for future annual rep	eport notifications)
For further information concerning this	
Eric Algarin	at (321) 557-7719
(Name of Contact Person)	(Area Code and Daytime Telephone Number)
Enclosed is a check for the following an	mount:
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles cof 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:	MAILING ADDRESS:
Registration Section	Registration Section Division of Corporations
Division of Corporations Clifton Building	P. O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee, FL 32301	

FILED

For "Other Business Entity" Into

2011 NOV -3 RM 1: 36

into

SECRETARY OF STATE TALLAHASSEE. FLORIDA

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:
ai)	CAZYA Inc.
Ž,	(Enter Name of Other Business Entity)
• •	2. The "Other Business Entity" is a <u>Corporation</u> P1000024524 (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 03, <u>2011</u> .
	(Enter date "Other Business Entity" was first organized, formed or incorporated)
	(Enter date Other Dustress Entry Was hist organized, tormed or incorporation)
	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:
ģ::	CAZYA CC (Enter Name of Florida Limited Liability Company)
μ. Έ.	(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.)
4	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 3 day of Oc	tober 20 11.		
	oresentative of Limited Liability Company: ated in this document are true. Any false infeed for in s.817.155, F.S.		
Signature of Member or Authorized Representation Printed Name: Betania Caceres	sentative: - Highia itle: Ouner	-	
this document are true. Any false informa s.817.155, F.S. [See below for required sign		ided for in	n
Signature: Printed Name: Between A Cacere	s-Algerine: Duner	<u> </u>	
Signature:Printed Name:	Title:	 	
Signature:Printed Name:	Title:	2011 SE T A LI	
Signature:Printed Name:	Title: Title:	2011 NOV -3 SECRETARY TALLAHASSE	71
Signature:Printed Name:	Title:	3 PM 1: 36 NY OF STATE SEE, FLORIDA	
Signature:Printed Name:	Title:	I: 36 FATE ORIDA	
If Florida Corporation: Signature of Chairman, Vice Chairman, Dire If Directors or Officers have not been selecte			
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.			
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

ÅRTICLE I - Name:

The name of the	ne Limited Liability Compa	any is:	
CAZYA LL	C		
(Must end with the	words "Limited Liability Company	, the abbreviation "L.L.C.," or the designation "LLC.")	
ADTICLE	A.J.J		
ARTICLE II		the principal office of the Limited Liability (Company is:
i i	idiess and short address of	the principal critics of the Billinear Blacking	20pa, 12.
∱ Principal Offi	ce Address:	Mailing Address:	
4		E2 Mariaram Lana	
52 Marjoram Lar Kissimmee, FL 347		52 Marjoram Lane Kissimmee, FL 34758	
KISSININI DE , FL 341	56		
ARTICLE III	- Registered Agent, Regi	istered Office, & Registered Agent's Signat on Registered Agent. You must designate an individual or an	ure:
	th an active Florida registration.)	in Registered Agent. 1 ou must designate air individual or an	ouici
The name and	the Florida street address of	of the registered agent are:	72
f inc name and			ZOII NOV -3 PM II SECRETARY OF SITTALLAHASSEE. FLO
•	<u></u>	fania Caceres - Effgan	I NOV -3 CRETAR) LAHASSI
		Name	AS.
	9157 /0	Hania Caceres - Algaria Name Le vista Blud #20/ ddress (P.O. Box NOT acceptable)	SEE SY
«.	Florida street a	ddress (P.O. Box NOT acceptable)	PM 1: 36 OF STATE E.FLORID
! •			l: 3
	_ Orland	lo FL 32329 City, State, and Zip	36 EE
		City, State, and Zip	•
Having been no	amed as registered agent an	nd to accept service of process for the above sto	ated limited liability
company at the	place designated in this ce	rtificate, I hereby accept the appointment as re	gistered agent and
agree to act in	this capacity. I further agre	ee to comply with the provisions of all statutes	relating to the
	nplete performance of my d istered agent as provided fo	uties, and I am familiar with and accept the ob-	uganons of my
position as regi	isierea ageni as proviaea Jo	п ин Спариет 006, г.з	
		(R)	
	Regis	stered Agent's Signature (REQUIRED)	

(CONTINUED)

Page 1 of 2

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ARTICLE	IV-	Man	ager(s) or	Manag	ing Men	aber(s):
F774			_		_		

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

2011 NDV -3 RM 1: 36

STATE ORIDA

. - ,	<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	TALLAHASSEE. FL
,	MGRU	Betania Caceres-Ala 9187 lee Vista Blod Urlando, Fl. 3282	
	(Use attachment if necessary)		
; The	FICLE V: Effective date, if other effective date: 1) cannot be prior of State; An if cate of Conversion, if an effect	(OPTIONAL) or to nor more than 90 days after the date this ND 2) must be the same as the effective date	s document is filed by listed in the attached
REC	DUIRED SIGNATURE:	,	
		an authorized representative of a member.	
	(In accordance with section 608.408(3)	, Florida Statutes, the execution of this document consti	itutes an affirmation under

Page 2 of 2

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.)

Typed or printed name of signee