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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status

Special Instructions to Filing Officer:

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EXAMINER

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SECRETARY OF STATE

COVER LETTER

Division e	of Corporations			•
SHRIFCT: CA	STAGNA, LLC			
Sobster	(Name	of Resulting	Florida Lim	ited Company)
"Other Business I		Limited Li	iability Co	ation, and fees are submitted to convert an impany" in accordance with s. 608.439, F.S.
r lease return an e	orrespondence concern	ing this tr	iatter to.	
Thomas J. Pair	nieri, Esq.			
	(Contact Person)			
THOMAS J. PA	LMIERI, P.A.			
	(Firm/Company)			•
340 Minorca Av	e.; Suite One			
***************************************	(Address)			
Coral Gables,	FL 33134			
	(City, State and Zip Cod	e)		
palmierilaw@g	mail.com			
E-mail address: (to be	used for future annual rep	ort notificati	ions)	
For further inform	nation concerning this	mätter, ple	ase call:	
Thomas J. Palmie	eri, Esq.	at (_3	05)	441-9021
(Name of C	ontact Person)		Area Code a	nd Daytime Telephone Number)
Enclosed is a chec	ck for the following an	ount:	,	
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$155.00 Filing Fees and Certificate of Status		00 Filing Fee ertified Copy	
STREET ADDR	ESS:		MAILE	NG ADDRESS:
Registration Secti			_	tion Section
Division of Corpo	rations			of Corporations
Clifton Building 2661 Executive C	enter Circle		P. O. Bo Tallahas	ox 6327 see, FL 32314
Tallahassee, FL 3			, anuna	recovering a new section of the sect

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 Certifica Conversion is: Castagna, LLC	te of	
(Enter Name of Other Business Entity)		
2. The "Other Business Entity" is a limited liability company (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)		
first organized, formed or incorporated under the laws of <u>California</u> (Enter state, or if a non-U.S. entity, the name of the country)		
on May 23, 2005, under file No. 200514410095. (Enter date "Other Business Entity" was first organized, formed or incorpor	ated)	
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under which it is now organized, formed or incorporated:	r the lav	ws of
N/A	,	
4. The name of the Florida Limited Liability Company as set forth in the attached Article Organization:		
CASTAGNA, LLC	9	m
(Enter Name of Florida Limited Liability Company)	PH =	
5. If not effective on the date of filing, enter the effective date: date of filing	1 /9	4 2
(The effective date: 1) cannot be prior to nor more than 90 days after the date this doc filed by the Florida Department of State; <u>AND</u> 2) must be the same as the effective dat 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 conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting t		

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 26th d	lay of September	20_11	.	
	ms that the facts stat	ed in this document	t rue. Any false informa	tion ·
Signature of Member or Printed Name: Thomas J			rized Agent	·
	Any false information	on constitutes a thir	igning affirm(s) that the fact d degree felony as provided	
Signature:				
Printed Name: Dr. Richard S	chulze	Title: Trustor	. Castagna Trust. Sole Member	
Printed Name:		Title:		
Signature: Printed Name:	<u>, , , , , , , , , , , , , , , , , , , </u>	Title		
Triffed Name		Title.		
Signature:			· · · · · · · · · · · · · · · · · · ·	
Printed Name:		Title:		
Signature				
Printed Name:		Title:		
Signature:		22.1		
Printed Name:		I itle:		
If Florida Corporation: Signature of Chairman, V If Directors or Officers ha	ice Chairman, Directo		st sign.	
		•	· ·	
If Florida General Parti Signature of one General		<u>iability Partnershi</u> j	<u>o:</u>	
If Florida Limited Party Signatures of <u>ALL</u> Gener		iability Limited Par	rtnership:	,
All others: Signature of an authorized	d person.			
Fees:	·			
Certificate of Conversion	n:	\$25.00		
Fees for Florida Articles		\$125.00		
Certified Copy:		\$30.00 (Optional)		
Certificate of Status:		\$5.00 (Optional) Page 2 of 2		
		age 4 Ut 4		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:				
CASTAGNA, 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 pri	incipal office of the Limited Liabilit	ty Compa	any is	5 :
Principal Office Address:	Mailing Address:			
280 Arvida Parkway Coral Gables, FL 33156	PO Box 1333 MIAMI, FL. 33143			
ARTICLE III - Registered Agent. Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signered Agent. You must designate an individual or	nature:		
The name and the Florida street address of the re	egistered agent are:			
Thomas J. Palmieri, I				
	Name			
340 Minorca Ave., S				
Florida street address	(P.O. Box NOT acceptable)			
Coral Gables,	FL 33134			
City,	State, and Zip			
Having been named as registered agent and to acceompany at the place designated in this certificate agree to act in this capacity. I further agree to comproper and complete performance of my duties, as provided for in Chapter as registered agent as provided for in Chapter as a control of the control of th	e. I hereby accept the appointment as imply with the provisions of all statute ad I app familiar with and accept the c	registere es relatin	ed ago g to t	ent and he
Registered A	gent's Signature (REQUIRED)	SECRE	34 DE(- 71.
	CONTINUED) Page 1 of 2	TARY OF STATI	DEC 19 PM 1-2	

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

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

P.O. Box 1333 Miami, FL 33143 (Use attachment if necessary) (CLE V: Effective date, if other than the date of filing: date of filing (OPTIONAL) effective date: 1) cannot be prior to nor more than 90 days after the date this document dorida Department of State; AND 2) must be the same as the effective date listed in the ficate of Conversion, if an effective date listed therein.)	MGRM	CASTAGNA TRUST u/a dated May 20, 2005
(Use attachment if necessary) ICLE V: Effective date, if other than the date of filing: date of filing (OPTIONAL) effective date: 1) cannot be prior to nor more than 90 days after the date this document dorida Department of State; AND 2) must be the same as the effective date listed in the ficate of Conversion, if an effective date listed therein.)		
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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.)

Dr. Richard Schulze
Typed or printed name of stgnee

Page 2 of 2