L12000021519

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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12 FEB 13 AM 11: 24

SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Glomanu Good (Name of	of Resulting Florida Limited Company)	
	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	ning this matter to:	
Contact Person) Glomanu Gant Inter (Firm/Company)		
(Firm/Company) 320 SE 2874 (Address)		
Cape CodAL Fl (City, State and Zip Code iNFO & Glomno K goov F E-mail address: (to be used for future annual repo		
E-mail address: (to be used for future annual representation concerning this r		
THE SEPTIONS	at (212) 496 9153	
(Name of Contact Person)	(Area Code and Daytime Telephone Number)	
Enclosed is a check for the following am	nount:	
\$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:	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	
Tallahassee, FL 32301		

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

This Certificate of Conversion <u>and attached Articles of Organization</u> 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	of	
Conversion is: GLOUP INTERNATIONAL, LLC	12 FEB 13	SE
(Enter Name of Other Business Entity)	<u>E</u>	훈닭
2. The "Other Business Entity" is a	သ	
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	MII: 24	OF STA
first organized, formed or incorporated under the laws of New York (Enter state, or if a non-U.S. entity, the name of the country)	24	SNOLL
on 02 19 2009. (Enter date "Other Business Entity" was first organized, formed or incorporate	d)	
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the which it is now organized, formed or incorporated:	e law	s of
Florida.		
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:	•	
Glomace Grove International LLC (Enter Name of Florida Limited Liability Company)		
5. If not effective on the date of filing, enter the effective date: \(\sum_{\text{Ol}} \) \(\lambda_{\text{Ol}} \). (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; \(\frac{AND}{2} \)) 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.

Signed this 2 day of FERD	20 Ld.	
Signature of Member or Authorized	Representative of Limited Liability Company:	
	ts stated in this document are true. Any false infor	mation
constitutes a third degree felony as pro		
Signature of Member or Authorized Re	epresentative: To Smoon STITLE: CEO / PRES	-
Printed Name: The Section	NOV Title: CEO / PRES	dowt
	ess Entity: Individual(s) signing affirm(s) that the	
this document are true. Any false informal s.817.155, F.S. [See below for required	rmation constitutes a third degree felony as provid	led for in
s.817.133, r.s. [see below for required	signature(s).	
Signature: Kully		
Printed Name: DADOSTINA STE	FANOVA Title: CFO V. Passiden	St
Signature		
Printed Name:	Title:	•
Signature:	Title:	
Printed Name:	Ittle:	
Signature:		
Printed Name:	Title:	
O.		
Signature:	Title:	
Timed Ivame.	Title.	
Signature:		
Printed Name:	Title:	
If Florida Corporation:		
Signature of Chairman, Vice Chairman,	Director, or Officer.	
If Directors or Officers have not been sel		
TOTAL CONTRACTOR OF THE TAX		
If Florida General Partnership or Lim Signature of one General Partner.	ited Liability Partnership:	
Signature of one General Farther.		. 🙃
If Florida Limited Partnership or Lim	ited Liability Limited Partnership:	OIVISI 12 F
Signatures of <u>ALL</u> General Partners.		833 Ross
All others:		3
Signature of an authorized person.		24.4
		OF STADRPORAL
<u>Fees:</u>		FATTATE NATIONAL PROPERTY NATI
		• • ~ (1)

\$125.00 \$30.00 (Optional) \$5.00 (Optional) Page 2 of 2

\$25.00

Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Clompax Group Twiers (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:	ailing Address:	
320 SE 28 TE QQ	320 SE 28 TH TERR.	<u>-0</u> 4
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its own Registered Age business entity with an active Florida registration.)		
The name and the Florida street address of the register	ed agent are:	
TIM SERRIS	onor—	
320 SE 28 ^I	H TERR	
Florida street address (P.O. l		
Care Coal FI City, State,	<u> 3390U</u> and Zip	
Having been named as registered agent and to accept se company at the place designated in this certificate, I her agree to act in this capacity. I further agree to comply v proper and complete performance of my duties, and I am position as registered agent as provided for in Chapter 6	eby accept the appointment as registered with the provisions of all statutes relating to familiar with and accept the obligations	agent and to the
To Don	nowes	寸 ♀
Registered Agent's	Signature (REQUIRED)	SECRETAR ISION OF C
(CON	PINITIPEN	831
Page 1 c	of 2	ATIONS

ARTICI	E IV-	Manager(s) or Managing	Member(s):
	4 A 4 -	MANAGELIA	/ VI MINAGINE	141011111111111111111111111111111111111

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

Title: Nam "MGR" = Manager "MGRM" = Managing Member	e and Address:
MGR	TIM SERRIONON 380 SE 28IH TOOR Cape CORAL, FL 33904
NGQ	Radostina Stefanova 320 SE 28IH TORR Care CORAL, FI 33904
(Use attachment if necessary) ARTICLE V: Effective date, if other than the	(OPTIONAL)
	or more than 90 days after the date this document is filed by must be the same as the effective date listed in the attached te listed therein.)
REQUIRED SIGNATURE:	
Signature of a member or an auth	porized representative of a member.
the penalties of perjury that the facts stated he	la Statutes, the execution of this document constitutes an affirmation under crein are true. I am aware that any false information submitted in a tes a third degree felony as provided for in s.817.155, F.S.)
Tim SERRICE Typed or p	orinted name of signee
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