# L120000094732

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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D. BRUCE
FEB 2 1 2012
EXAMINER

#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: MRS. MOC	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 concer	ning this matter to:
Patricia A. (Contact Person)	Mullins
MRS. MOOKE	<u> </u>
285/ N.S. (Sirm/Company) (Address)	and Street, #315
Aventura F	Z 33160
Pattonores C E-mail address: (to be used for future annual re	ornhraad. Com or oven ready com
For further information concerning this	matter, please call:
(Name of Contact Person)	at (772) 332 - 02 99 (Area Code and Daytime Telephone Number)
Enclosed is a check for the following as	mount:
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\$155.00 Filing Fees and Certificate of Status	S180:00 Filing Fees and Certified Copy S185:00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS: Dr. 1
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building 2661 Executive Center Circle	P. O. Box 6327 Tallahassee, FL 32314
Tallahassee, FL 32301	ratianassee, FL 32314

### **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
Conversion is: MRS, MOORES TWO.  (Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a 10 CORPORATE 11000 21283  (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)
(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:
NA Z
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  (Enter Name of Florida Limited Liability Company)
(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; <u>AND</u> 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

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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 $\frac{2}{2}$ day of $\frac{7}{2}$ $\frac{20}{2}$ .
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: Attrica (1. Mullius) Printed Name: PRESIDENT CET
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: Wrigh Challers Printed Name: Vatvicya Mallens Title: Prosident/CFO
Printed Name: Patricia Mullius Title: MPresident
Signature: Mulling Title: Segretary
Signature: Avica Myllins Printed Name: Particla Myllins Title: Neasures
Signature: Title:
Signature: 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:  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

ARTICLE I - Name: The name of the Limited Liability Company is:
MRS MORES L.L.C.  (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:  Mailing Address:  2851 N.E. 183rd Street  #315  AVENTURA, FL 33160  Mailing Address:  2851 N.E. 183rd Street  #315  AVENTURA, FL 33160
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:  ARS: AORES AC. Patricia Mullip  Name  2851 N. E. 183rd Short  Florida street address (P.O. Box NOT acceptable)  ARS: AORES AC. Patricia Mullip  Name  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

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member  MGR	PATRICIA A. MULLINS LET, #31
MGRM	Patricia A. Mullion 2851 N & 182m Street #31 Augura, Fr 32160
(Use attachment if necessary)	
ARTICLE V: Effective date, if other	than the date of filing: (OPTIONAL)
(The effective date: 1) cannot be prior	or to nor more than 90 days after the date this document is filed by ND 2) must be the same as the effective date listed in the attached
REQUIRED SIGNATURE:	
Signature of a member or	an authorized representative of a member.
the penalties of perjury that the facts s document to the Department of State of	), Florida Statutes, the execution of this document constitutes an affirmation under stated herein are true. I am aware that any false information submitted in a constitutes a third degree felony as provided for in s.817.155 F.S.)  The document constitutes an affirmation under stated herein are true. I am aware that any false information submitted in a constitutes a third degree felony as provided for in s.817.155 F.S.)
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