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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nai	me)
(Do	ocument Number))
Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SLUGGIARY OF STATE
ALLIAMASSEE FLORING

B. BOSTICK
APR 1 2 2012
EXAMINER

COVER LETTER

TO: Registration Section		
Division of Corporations	1 (
SUBJECT: ACIVINA, C		
(Name o	of Resulting Florida Limited Company)	
	Articles of Organization, and fees are submitte Limited Liability Company" in accordance wit	
Please return all correspondence concern	ing this matter to:	
ALISSA D. GRAN	T	
AGVMR, (Contact Person)		
P.O. BOX 39134	1	
DELTONA, FLOCIDA (City, State and Zip Code	32739	
Ogran Too 40 Cfl. rr. (E-mail address: (to be used for future annual repo	com	
For further information concerning this n	natter, please call:	
Aliga D GRANT	at (386) 532-7881	
(Name of Contact Person)	(Area Code and Daytime Telephone Number	
Enclosed is a check for the following amo	ount:	
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$180.00 Filing Fees and Certified Copy Certified Copy, and Certificate of Status	
STREET ADDRESS:	MAILING ADDRESS:	12 SE: TALL
Registration Section	Registration Section	22
Division of Corporations	Division of Corporations	AS T
Clifton Building 2661 Executive Center Circle	P. O. Box 6327 Tallahassee, FL 32314	
Tallahassee, FL 32301	ranimooog i 11 Juli 17	
•		AHII: 28 OF STATE OF LORIDA
		AGE AGE

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 th	e "Other Business En	itity" immediately p	orior to the filing of this Certif	icate of		
Conversion is:	AGVMR	INC.	P07000	133	331	Q
	(Ènter	Name of Other B	usiness Entity)			
2. The "Other Bus	`	Example: corpor	pation, limited partnership, or business trust, etc.)	,		
first organized, for	med or incorporated (Enter state, or if		the name of the country)	_		
on 12/19/	2007					
(Enter d	ate "Other Business	Entity" was first	organized, formed or incorp	orated))	
	on of the "Other Businganized, formed or in-		anged, the state or country un	der the	laws o	f
	N/A			Z C .	12 A	
4. The name of the Organization:	e Florida Limited Lia	bility Company as	set forth in the attached Artic	les of	PR II	THE PERSONS IN COLUMN TO SERVICE AND SERVI
	1R, LLC			7. F. S.	AH II: 21	
	(Enter Name	of Florida Limited	l Liability Company)	STATE FLORIDA	: 28	
	on the date of filing,					
filed by the Florid		ate; <u>AND</u> 2) must	n 90 days after the date this of the same as the effective of listed therein.)			the
			rerning the other business ention of s.608.439, F.S., in effection			ion.

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 the day of April	20	
Individual signing affirms that the facts sta constitutes a third degree felony as provide		<u>:</u> ormation
Signature of Member or Authorized Representation Name: AUSSAD, GRANT	Title: MAWAGER	_
this document are true. Any false informat s.817.155, F.S. [See below for required sign	<u>ntity:</u> Individual(s) signing affirm(s) that th tion constitutes a third degree felony as prov nature(s).]	
	Title: PRESIDENT	
Signature: VICTOR M. RAMO:	3 Title: VICE PRESIDENT	
Signature:Printed Name:	Title:	
Signature:Printed Name:	Title:	
	Title:	
Signature:Printed Name:	Title:	_
If Florida Corporation: Signature of Chairman, Vice Chairman, Directors or Officers have not been selected		
If Florida General Partnership or Limited Signature of one General Partner.	Liability Partnership:	12 Sec TALL
If Florida Limited Partnership or Limited Signatures of <u>ALL</u> General Partners.	Liability Limited Partnership:	IZ APR III
All others: Signature of an authorized person.		
Fees:		U:28 STATE LORIDA
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:

AGYMR 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:	Mailing Address:			
1540 HOWLAND BLVD DELTONA, FLORIDA 32738	P.O. BOX 391341 DETIONA, FLORIDA 327	39	-	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)				
The name and the Florida street address of the re	egistered agent are: CRANT Name	SLUAL INT	12 APR I	erun erun
Florida street address	(P.O. Box NOT acceptable)	SEE, FL	2	Emile Emile
DELTONA City,	FL 32438 State, and Zip	TATE ORIDA	l: 28	
Having been named as registered agent and to accompany at the place designated in this certificate agree to act in this capacity. I further agree to coproper and complete performance of my duties, apposition as registered agent as provided for in Charles, and Registered A	e, I hereby accept the appointment as region omply with the provisions of all statutes re and I am familiar with and accept the oblig	istered ag lating to	gent a the	
((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	ALISSA D. GRANT POBOX 390413 DECTONA FL 32739
	MGRM	VICTOR M. RAMOS PO BOX 390413 DEUTONA, FL 32739
		APR II AHII: 28 APR II AHII: 28 APR II AHII: 28
	(Use attachment if necessary)	OF O
(Th the Cer		(OPTIONAL) 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
	Signature of a member or	an authorized representative of a member.
	the penalties of perjury that the facts	3), 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.)
	ALISSA D	ed or printed name of signee
	1 y j	Act of printed name of signee

Page 2 of 2