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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	·
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATIONS

MAY 1 4 2012) T. **HAMPTON**

COVER LETTER

Division of Corporations	
SUBJECT: NAJA	Enternises, LLC
	Resulting Florida Limited Company)
	Articles of Organization, and fees are submitted to convert an imited Liability Company" in accordance with s. 608.439, F.S.
Please return all correspondence concerni	ng this matter to:
Wesley Convalh (Contact Person) Lower Account (Firm/Company)	₩
(Contact Person)	
LONSON ACCOUNT	· <u>^ </u>
8615 (omnoclity Ciacle (Address)	
Orlando FC 325 (City, State and Zip Code)	319
(City, State and Zip Code)	
NAGIB FAROUL @ 6 mail.	com:
E-mail address: (to be used for future annual report	rt notifications)
For further information concerning this m	
(Name of Contact Person)	at (407) 376·3686
(Name of Cbntact 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) \$\$ [\$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 2661 Executive Center Circle	P. O. Box 6327 Tallahassee, FL 32314
Tallahassee, FL 32301	1 ununussee, 1 L 52517

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.

	Other Business Entity" im	mediately prior	to the filing of this Certif	
Conversion is:	NAJA E	ntermises	, Co. ess Entity)	HAY II
	(Enter Name	of Other Busin	ess Entity)	_ PFC
2. The "Other Busine	ess Entity" is a <u>CO10</u>	oration		CORPORATIONS 1 PM 2: 00
1)	nter entity type. Exam general partnership, co			2: 00
	d or incorporated under the			_
•	Enter state, or if a non-	• •	- '	
on Ot Ob (Enter date	Other Business Entity	" was first orga	nized, formed or incorp	porated)
which it is now organ	of the "Other Business Enized, formed or incorpora	ted: Company as set for	orth in the attached Arti	
	VAJA Cyte (Enter Name of Flor	norisea, L	LC	•
	(Enter Name of Flor	ida Limited Lia	ibility Company)	
(The effective date: filed by the Florida)	the date of filing, enter the land of the	r more than 90 <u>ID</u> 2) must be tl	days after the date this ne same as the effective	
	permitted by the applicable with such law(s) and the re			
	es Entity" currently exists ormed or incorporated.	on the official re	ecords of the jurisdiction	under which it is

Signed this Odd day of May	_20
Signature of Member or Authorized Representa Individual signing affirms that the facts stated in	ntive of Limited Liability Company:
constitutes a third degree felony as provided for in	1 s.817.155, F.S.
Signature of Member or Authorized Representative Printed Name: NACIB FARONK HUSSEINI	Title: MGRM
Signature(s) on behalf of Other Business Entity: In this document are true. Any false information con	ndividual(s) signing affirm(s) that the facts stated in stitutes a third degree felony as provided for in
s.817.155, F.S. [See below for required signature(s).]
Signature: NA613 FAROUK HUSSEINI	Title: Paest dun
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	
Signature:Printed Name:	
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	Officer.
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	
All others: Signature of an authorized person.	SECRETARY OF CO
Fees:	- cac

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

\$25.00 \$125.00

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:		
(Must end with the words "Limited Liability Company, the abbreviation "L.L.C.," or the designation "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	is:	
Principal Office Address: Mailing Address:		
14313 Islamorada Dr. 14313 Islamorada Dr. Orlando, FL 32837 US (Mando, FL 32837)	- -	
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:		
Larson Accounting + Consulting Services, LLC Name	<u>.</u>	
8615 Connodity Circle Ste Ob Florida street address (P.O. Box NOT acceptable)		
Onlando, FL, 32.819 City, State, and Zip		
Having been named as registered agent and to accept service of process for the above stated limited company at the place designated in this certificate, I hereby accept the appointment as registered agaree to act in this capacity. I further agree to comply with the provisions of all statutes relating to proper and complete performance of my duties, and I am familiar with and accept the obligations of position as registered agent as provided for in Chapter 608, F.S	gent a the	
Glina Ilyan		<u>D</u>
Registered Agent's Signature (REQUIRED)	12 HAY I	SEC
(CONTINUED)		RETARY O
Page 1 of 2	PM 2:	F STAI

"MGRM" = Managing Men	NAGIO FAROUK HUSSEINI
	14313 Islamoraba Dr. Oalando, FL 32837
MGRM	FARONK NAGIB HUSSEIN; 14313 Islamonada Dr. Onlando, FL 32837
(Use attachment if necessary	y)
e effective date: 1) cannot be Florida Department of State	ther than the date of filing:
tificate of Conversion, if an e <u>DUIRED</u> SIGNATURE:	frective date listed therein.)
Signature of a member	er or an authorized representative of a member.

Page 2 of 2

SECRETARY OF STATE DIVISION OF CORPORATIONS