# 113000022101

| (Re                                     | equestor's Name)   |             |  |
|---|--------------------|-------------|--|
| (Ad                                     | ldress)            |             |  |
| (Ad                                     | ldress)            |             |  |
| (Cit                                    | ty/State/Zip/Phone | e #)        |  |
| PICK-UP                                 | ☐ WAIT             | MAIL        |  |
| (Bu                                     | ısiness Entity Nan | ne)         |  |
| (Document Number)                       |                    |             |  |
| Certified Copies                        | _ Certificates     | s of Status |  |
| Special Instructions to Filing Officer: |                    |             |  |
|   |                    |             |  |
|   |                    |             |  |
|   |                    |             |  |

Office Use Only



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11/26/12--01013--028 \*\*52.50

02/12/13--01006--023 \*\*97.50

EFFECTIVE DATE 12-31-12

#2 NOV 25 - AM 11: 28

B. BOSTICK FEB **1 2** 2013

**EXAMINER** 

#### **COVER LETTER**

TO: Registration Section
Division of Corporations

Tallahassee, FL 32301

| SUBJECT: AC and M Des  | ion construction UC  |                  |            |              |
|--|--|------------------|------------|--------------|
| (Name of F   | Resulting Florida Limited Company)   |                  |            |              |
|  | ticles of Organization, and fees are submitted to nited Liability Company" in accordance with s. |                  |            |              |
| Please return all correspondence concerning  | g this matter to:  |                  |            | ŕ            |
| Claire Moxing  |  | •                |            |              |
| (Contact Person)   |  |                  |            |              |
| AC and M Desgr<br>(Firm/Company)   | 2 Construction   |                  |            |              |
| 115 SW 11 St #   | 604.   |                  |            |              |
| Miami, 71. 331.  (City, State and Zip Code)  | 30   |                  |            |              |
| Clairemoseva Cholmail E-mail address: (to be used for future annual report   | notifications)   |                  |            |              |
| For further information concerning this ma   | tter, please call:   | A <sub>cr</sub>  |            |              |
| 0/10 110   | at ( 386) 285151597  |                  | 2          |              |
| (Name of Contact Person)   | at ( 186) 28009 (Area Code and Daytime Telephone Number)   |                  | AO         | ""           |
|  |  | 03 - 1<br>03 - 1 | 26         | # (Plantage) |
| Enclosed is a check for the following amou   | int:   | m,               | 7.0        | m            |
| \$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 Certified Copy, and Certificate of Status                | FLORIDA          | AM III: 28 | J            |
| STREET ADDRESS:  | MAILING ADDRESS:   |                  |            |              |
| Registration Section   | Registration Section   |                  |            |              |
| Division of Corporations   | Division of Corporations   |                  |            |              |
| Clifton Building P. O. Box 6327  |  |                  |            |              |
| 2661 Executive Center Circle   | Tallahassee, 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:  AC JM Design Construction Inc  (Enter Name of Other Business Entity)  2. The "Other Business Entity" is a COYPOYA TON  |
| (Enter Name of Other Business Entity)  |
| 2. The "Other Business Entity" is a COrporation, limited partnership, general partnership, common law or business trust, etc.)   |
| first organized, formed or incorporated under the laws of  |
| on OS/22/2012.  (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:   |
| NIA  |
| 4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Company as set forth in the attached Arti |
|  |
| (Enter Name of Florida Limited Liability Company)  5. If not effective on the date of filing enter the effective date: 1/31/2012   |
| 5. If not effective on the date of filing, enter the effective date: 1/21/2012 (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; 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.

constitutes a third degree felony as provided for in s.817.155, F.S. Signature of Member or Authorized Representative: \_\_\_\_\_ Title: Printed Name: 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).] Printed Name: Omor Andres CondonTitle: President Title: Printed Name: Printed Name: \_\_\_\_\_\_Title: \_\_\_\_\_ Signature: \_\_\_\_\_\_ Title: \_\_\_\_\_ Printed Name: Title: Signature: Title: Printed Name:\_\_\_\_\_ 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:

\$25.00

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)
Page 2 of 2

Signed this 04 day of February 20 13

Signature of an authorized person.

Fees for Florida Articles of Organization:

Certificate of Conversion:

Certified Copy:

Certificate of Status:

Fees:

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

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is:  |   |
|--|---|
| AC XM Design Const<br>(Must end with the words "Limited Liability Company, the abbrevia  | nuction LLC   |
| (Must end with the words "Limited Liability Company, the abbrevia  | tion "L.L.C.," or the designation "LLC.")           |
| ARTICLE II - Address: The mailing address and street address of the princi   | pal office of the Limited Liability Company is:     |
| Principal Office Address:  | Mailing Address:                                    |
| 115 sw 11st \$604.   | SAME  |
| mam, 713836  |   |
| ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)  |   |
| The name and the Florida street address of the regis   | Mocro   |
| Florida street address (P.   | O. Box NOT acceptable)                              |
|  | FL 33130 TE, and Zip                                |
| Having been named as registered agent and to accep<br>company at the place designated in this certificate, I<br>agree to act in this capacity. I further agree to comp<br>proper and complete performance of my duties, and I<br>position as registered agent as provided for in Chapt | I am familiar with and accept the obligations of my |
|  | WB  |
| Registered Age   | nt's Signature (REQUIRED)                           |

Page 1 of 2

(CONTINUED)

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

| Title:   | Name and Address:  |             |
|--|--|-------------|
| "MGR" = Manager<br>"MGRM" = Manag                    | ng Member  |             |
| Mbr  | Clare 1. Morera  |             |
|  | 115 SW 11 St #1604   |             |
| MGC.   | Andry Ordon  |             |
| 1100.  | 118 SW 118+ #604"  |             |
|  | Miami, FL 33 120   |             |
|  |  |             |
|  |  |             |
|  | 12 12 12 12 12 12 12 12 12 12 12 12 12 1   |             |
|  | NOV 2  | חר          |
| , , , , , , , , , , , , , , , ; £                    |  | 1           |
| (Use attachment if                                   | ——————————————————————————————————————   |             |
|  | ate, if other than the date of filing: 12/31/2012 (OPTIONAL)   |             |
| (The effective date: 1) ca<br>the Florida Department | anot be prior to nor more than 90 days after the date this document is filed<br>of State; <u>AND</u> 2) must be the same as the effective date listed in the attac   | l by<br>hed |
|  | , if an effective date listed therein.)  |             |
| <u>REQUIRED</u> SIGNATU                              | RE:  |             |
| Signature o  | a member of an authorized representative of a member.  |             |
| the penalties of periur                              | ion 608.468(3), Florida Statutes, the execution of this document constitutes an affirmation uthat the facts stated herein are true. I am aware that any false information submitted in a ment of State constitutes a third degree felony as provided for in s.817.155, F.S.) | nder        |
|  | Typed or printed name of signee  |             |
|  | Typed or printed name of signee  |             |



## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 5, 2012

CLAIRE I. MORERA AC&M DESIGN CONSTRUCTION INC. 115 SW 11TH STREET, #604 MIAMI, FL 33130

SUBJECT: AC&M DESIGN CONSTRUCTION INC

Ref. Number: P12000048033

We have received your document for AC&M DESIGN CONSTRUCTION INCERNIC Section 10 been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 212A00028866

February 4, 2013

Florida Department of State Registration Section Division of Corporations Attn: Barbara Bostick P.O.Box 6327 Tallahassee, FL 32314

Re: AC&M Design Construction Inc

Ref #: P12000048033

Letter Number: 212A00028866

Dear Mrs. Bostick,

We are in receipt of your letter number 212A00028866 dated December 5, 2012 (copy enclosed). Attached please find a copy of the Form to convert an "Other Business Entity" into a "Florida Limited Liability Company" pursuant to section 608.439 of the Florida Statutes. I am also enclosing check number 1132 in the amount of \$97.50 to pay for the fees of \$150.00. Please keep in mind that I already sent a check for \$52.50 that was received by your office so that is why I am only sending the difference.

Please let me know if you have an questions.

Regards,

Claire Moreta, Manage