#_ 1300023518

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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02/14/13--01006--006 **51.25

01/22/13--01003--021 **128.75

SCHOOL OF STATE

RECEIVED

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K. SALY EXAMINER FEB 1 4 2013



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 6, 2013

EXPRESS CORPORATE FILING SERVICE

SUBJECT: POPULARNESS, LLC. Ref. Number: W13000004398

We have received your document for POPULARNESS, LLC. and check(s) totaling \$128.75. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$51.25. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Letter Number: 713A00002884

Karen A Saly Regulatory Specialist II

www.sunbiz.org



January 23, 2013

EXPRESS CORPORATE FILING SERVICE

SUBJECT: POPULARNESS, LLC. Ref. Number: W13000004398

We have received your document for POPULARNESS, LLC. and your check(s) totaling \$128.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

The total amount due is \$150.00.

There is a balance due of \$21.25.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Letter Number: 113A00001676

Karen A Saly Regulatory Specialist II

www.sunbiz.org



1000 Ponce de Leon Blvd. Suite: 105 Coral Gables, FL 33134 Phone: 305-444-4994

Email: filing@ecfsfiling.com

| Office Use Only | |
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CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

| (CORPORATE NAME) | | (DOCUMENT #) |
|--------------------------------|-------------------------------------|---|
| 2. (CORPORATE NAME) | | (DOCUMENT #) |
| 3. (CORPORATE NAME) | | (DOCUMENT #) |
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| Walk-In I | Pick up time: ✓ Certified Co | py |
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| New Fillings | *Amendments | Other Fillings |
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| New Fillings Profit Non-Profit | Amendments Amendments Resignation | Other Filings Annual Report Fictitious Name |

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| Examiners Initials | |
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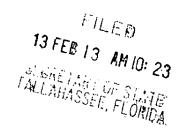
Certificate of Conversion

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: POPULARNESS, LLC. |
|--|
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.) |
| first organized, formed or incorporated under the laws of <u>WYOMING</u> (Enter state, or if a non-U.S. entity, the name of the country) |
| on OCTOBER 25, 2011 (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: |
| 4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| POPULARNESS, LLC. |
| (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; 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 <u>04</u> day of | DECEMBER | . 20 <u>12</u> | |
|--|---|----------------------------|---|
| Individual signing affirms that constitutes a third degree felo | t the facts stated in th ny as provided for in | 17. 10. | any: e information |
| Signature of Member or Authorited Name: STACY GLOV | orized Representative: ER | Title: MGRIM | |
| this document are true. Any f s.817.155, F.S. [See below for | alse information cons required signature(s) | | provided for in |
| Signature: | | • | |
| Printed Name: STACY GLOVER | | Title: MGRM | |
| | | | |
| Printed Name: | | Title: | |
| | | | |
| Printed Name: | | Title: | |
| | | | |
| Signature: | | Title: | |
| Timed ivanie. | | Title. | |
| Signature: | | Title: | |
| Printed Name: | | little: | |
| Signature: | | | |
| Printed Name: | | Title: | *************************************** |
| If Florida Corporation: | | | |
| Signature of Chairman, Vice Cl | | | |
| If Directors or Officers have no | t been selected, an Inco | orporator must sign. | |
| If Florida General Partnershi Signature of one General Partner | | Partnership: | |
| If Florida Limited Partnershi Signatures of <u>ALL</u> General Par | | Limited Partnership: | |
| All others: Signature of an authorized person | on. | | |
| Fees: | | | |
| Certificate of Conversion: Fees for Florida Articles of Or Certified Copy: Certificate of Status: | \$30.00 \$5.00 (| Optional) Optional) 2 of 2 | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| | y is: |
|--|--|
| POPULARNESS , LLC. | · |
| (Must end with the words "Limited | Liability Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: | |
| The mailing address and street address of t | he principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 19471 S.W. 39TH ST, MIAMI, FL, | SAME |
| 33029 | |
| ARTICLE III - Registered Agent, Regist | tered Office, & Registered Agent's Signature: |
| | tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another |
| The Limited Liability Company cannot serve as its own | Registered Agent. You must designate an individual or another |
| (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) | Registered Agent. You must designate an individual or another |
| (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of BEN FINANCIAL SE | Registered Agent. You must designate an individual or another |
| (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of BEN FINANCIAL SE | Registered Agent. You must designate an individual or another |
| (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of BEN FINANCIAL SE 281 PARK BLVD | Registered Agent. You must designate an individual or another |
| (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of BEN FINANCIAL SE 281 PARK BLVD | Registered Agent. You must designate an individual or another the registered agent are: RVICES, INC. Name |

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.



(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: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member STACY GLOVER MGRM 19471 S.W. 39TH ST, MIRAMAR, FL 33029 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: .(OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affurnation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) STACY GLOVER Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2