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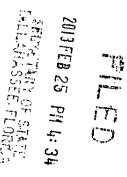
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Certified Copies	cument Number) Certificates		
Special Instructions to F	iling Officer:		
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Office Use Only



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COVER LETTER

Registration Section

TO:

Division of Corporations			•
SUBJECT: Jo Jo Solutions LLC			
(Name of	Resulting	Florida Lim	ited Company)
The enclosed Certificate of Conversion, A "Other Business Entity" into a "Florida L			ation, and fees are submitted to convert an impany" in accordance with s. 608.439, F.S.
Please return all correspondence concerni	ng this n	natter to:	
Jovan C Grandison			
(Contact Person)			
Jo Jo Solutions LLC			
(Firm/Company)			
60 NE Railroad Ave			
(Address)		•	
High Springs, FL 32643			
(City, State and Zip Code)			
jograndison@gmail.com			
E-mail address: (to be used for future annual report	t notificat	ions)	
For further information concerning this m	atter, ple	ease call:	
Jo Grandison	at (_3	386	205-7550
(Name of Contact Person)		(Area Code a	and Daytime Telephone Number)
Enclosed is a check for the following amo	unt:		
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$155.00 Filing Fees and Certificate of Status		00 Filing Fee ertified Copy	
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL, 32301		Registra Division P. O. Bo	NG ADDRESS: tion Section of Corporations ox 6327 usee, 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: Jo Jo Solutions Inc
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation
(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)
on August 31, 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:
Florida
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Jo Jo Solutions LLC
(Enter Name of Florida Limited Liability Company)
5. If not effective on the date of filing, enter the effective date: 02/20/2013 (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.

\$5.00 (Optional)
Page 2 of 2

Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Jo Jo Solutions LLC Must end with the words "Limited Liability Company	y, the abbreviation "L.L.C.," or the designation "LLC.")
ARTICLE II - Address:	•
	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
60 NE Railroad Street	60 NE Railroad Street
High Springs, FL 32643	High Springs, FL 32643
The Limited Liability Company cannot serve as its ow	
The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.) The name and the Florida street address of	istered Office, & Registered Agent's Signature of the registered agent are:
The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.)	istered Office, & Registered Agent's Signature: on Registered Agent. You must designate an individual or another of the registered agent are: dison Name
The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.) The name and the Florida street address of	istered Office, & Registered Agent's Signature vn Registered Agent. You must designate an individual or another of the registered agent are:
The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Jovan C Grand Government of the Street address of Government of the Street address of Jovan C Grand Government of the Street address of Government of Government of the Street address of Government of Governme	istered Office, & Registered Agent's Signature vn Registered Agent. You must designate an individual or another of the registered agent are:
The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Jovan C Grand Government of the Street address of Government of the Street address of Jovan C Grand Government of the Street address of Government of Government of the Street address of Government of Governme	istered Office, & Registered Agent's Signature on Registered Agent. You must designate an individual or another of the registered agent are:

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..

egistered 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>	Name and Address:			
"MGR" = Manager "MGRM" = Managing I	Member			
MGRM		Jovan C Grandison		
	60 NE Railroad Street			
	High Springs, FL 32643			
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(Use attachment if nece	ssary)	SE		
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ARTICLE V: Effective date,	if other than the date of filing:(OPTIONAL)	F la	 -	
the Florida Department of S	t be prior to nor more than 90 days after the date this state; <u>AND</u> 2) must be the same as the effective date lian effective date listed therein.)			
REQUIRED SIGNATURE:				
1	ember or an authorized representative of a member.			
the penalties of perjury that	508.408(3), Florida Statutes, the execution of this document constitute facts stated herein are true. I am aware that any false information to f State constitutes a third degree felony as provided for in s.817.1	on submitted ir	ition under i a	
Jovan C Gra	andison			
	Typed or printed name of signee	-		