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(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:
Consum





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J. SAULSBERRY EXAMINER MAR 19 2012

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: Array to Z LLC (Name of Resulting Florida Limited Company)
SUBJECT: ////Ag 702 /2/C (Name of Resulting Florida Limited Company)
The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.
Please return all correspondence concerning this matter to:
Jennifer Amato
Contact Person) Array to Z LLC (Firm/Company)
6068 Piedmont Neive (Address)
Spring Hill, FL 34606 (City, State and Zip Code)
E-mail address: (to be used for future annual report notifications) For further information concerning this matter, please call:
Jennifex Amato at (718) 310-8359
Enclosed is a check for the following amount:
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$155.00 Filing Fees and Certified Copy and Certificate of Status \$185.00 Filing Fees and Certified Copy (Certified Copy, and Certificate of Status)
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 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:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>limited liability Conjeany</u> . (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>New York</u> (Enter state, or if a non-U.S. entity, the name of the country)
on 5/31/12 (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
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 N
(Enter Name of Florida Limited Liability Company)
(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//_ day of	ch 20 13.			
Signature of Member or Authorized Rep Individual signing affirms that the facts sta constitutes a third degree felony as provide	ated in this document are true. Any false in		ion	
Signature of Member or Authorized Repres Printed Name: Lennifer Amak	entative: <u>funnifu Amas</u> Ditle: <u>Owner</u>	<u>t</u>		
Signature(s) on behalf of Other Business E this document are true. Any false informat s.817.155, F.S. [See below for required sign	ion constitutes a third degree felony as pro			in .
Signature:Printed Name:				
Signature:Printed Name:				
Printed Name:	Title:	_		
Signature:				
Signature:Printed Name:	Title:			
Signature				
Signature:Printed Name:	Title:	∑ ∽	2	
			2013 MAR	
Signature:Printed Name:	777.1		MA.	7
Printed Name:	I itle:		=	-
Signature:			5	h
Signature:Printed Name:	Title:		À	
If Florida Corporation: Signature of Chairman, Vice Chairman, Directors or Officers have not been selected.		SEE FIORIBA	9: 12	C
If Florida General Partnership or Limited Signature of one General Partner.				
If Florida Limited Partnership or Limited Signatures of <u>ALL</u> General Partners.	Liability Limited Partnership:			
All others: Signature of an authorized person.				
Fees:				
Certificate of Conversion:	\$25.00			
Fees for Florida Articles of Organization:	\$125.00			
Certified Copy: Certificate of Status:	\$30.00 (Optional)			
Certificate of Status:	\$5.00 (Optional) Page 2 of 2			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Acranto 7	pany, the abbreviation "L.L.C.," or the designation "LLC.")
Must end with the words "Limited Liability Corr	npany, the abbreviation "L.L.C.," or the designation "LLC.")
ARTICLE II - Address:	
	ss of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:

ARTICLE I - Name:

The name of the Limited Liability Company is:

6068 Piedmont Drive	6068 fiedmont Skive
6068 Piedmont Drive Spring Hill, FL 34606	6068 fiedmont Brive Spring Hill, FL 34606

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:

| Lennifex Amato | Name | 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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	me and Address:		
MGR	Melissa Amato 6068 Piedmont Ariv Spring Hill FL 3460	P 06	
· .	TALL MHASSE	2013 MAR 15	T
(Use attachment if necessary)	ET. FLORIDA	AM 9: 12	
he effective date: 1) cannot be prior to	the date of filing: (OPTIONAL) nor more than 90 days after the date this docum) must be the same as the effective date listed in date listed therein.)		
	Amato - Melissa Ama uthorized representative of a member.		
the penalties of perjury that the facts stated document to the Department of State consti	rida Statutes, the execution of this document constitutes an herein are true. I am aware that any false information submitutes a third degree felony as provided for in s.817.155, F.S. Amado — Melissa Ar printed name of signee	itted in a	