## L13000054195

(Re	equestor's Name)	
(Address)		
(Ac	idress)	<u>-</u>
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



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3 APR 11 PN 3:58
SECRETARY OF STATE

C. LEWIS

APR 12, 2013

EXAMINER



## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 26, 2013

EDIBERTO G. RUIZ 10200 NW 25 STREET SUITE 211 DORAL, FL 33172

SUBJECT: XCELLENSYS LLC Ref. Number: W13000017648

We have received your document for XCELLENSYS LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 608.4403, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by a member or an authorized representative of a member. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

Please return the corrected original and one copy of 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.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

Letter Number: 113A00007125

#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: XCELLENSYS LLC	
(Name of	Resulting Florida Limited Company)
"Other Business Entity" into a "Florida Li	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:
EDIBERTO G RUIZ	
(Contact Person)	
(Firm/Company)	
10200 NW 25 STREET	
(Address)	
SUITE 211 Doral	FL, 33172
(City, State and Zip Code)	
ERUIZ@APS-POS.COM	
E-mail address: (to be used for future annual repor	rt notifications)
For further information concerning this m	eatter, please call:
MAGGEE CARRILLO	at ( 786 ) 2476856
(Name of Contact 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: 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

FILED

13 APR 11 1 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:
NOBIL-COM CORP .
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a CORPORATION POSODISTA 86
(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 <u>12/03/2002</u>
(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:
XCELLENSYS 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.

\$5.00 (Optional)

Page 2 of 2

Certificate of Status:

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:			
XCELLENSYS LLC (Must end with the words "Limited Liability Company, the abbrevi	ation "L.L.C.," or the designation "LLC.")		
ARTICLE II - Address: The mailing address and street address of the prince	cipal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
40000 NIM OFTH CTOFFT	12262 CM 10TH CTDEET		
10200 NW 25TH STREET	12263 SW 19TH STREET MIAMI, FLORIDA 33175		
SUITE 211	WIAWI, FLORIDA 33173		
MIAMI, FLORIDA 33172			
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:			
The name and the Florida street address of the reg	stered agent are.		
EDILBERTO G. RUIZ	ALI ALI		
Name Page 1			
1	A P		
12263 SW 19TH STR	EET SET - L		
Florida street address (P.O. Box NOT acceptable)			
. 10.144 50.000 444.055 (.	O. Box NOT acceptable)		
MIAMI	FL 33175		
City, St	ate, and Zip		
company at the place designated in this certificate, agree to act in this capacity. I further agree to comproper and complete performance of my duties, and position as registered agent as provided for in Chap	I am fahiliar with and accept the obligations of my		

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: APR 11 PM 3: 58 SECRETARY OF STATE Name and Address: TALLAHASSEE, FLORIDA "MGR" = Manager "MGRM" = Managing Member MGR EDILBERTO G RUIZ 12263 SW 19 STREET MIAMI FLORIDA 33175 (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: (OPTIONAL) (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 Certificate of Conversion, if an effective date listed therein.) **REQUIRED SIGNATURE:**

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation 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.)

EDILBERTO G RUIZ

Typed or printed name of signee

Signature of a member of an authorized representative of a member.