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| (Re | questor's Name) | |
|-------------------------|-------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | cument Number) | |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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MINISTER SIALE

C. LEWIS

MAY 2 0 2013

EXAMINER

| COVER LETTER |
|---|
| |
| TO: Registration Section Division of Corporations |
| , |
| SUBJECT: PETROREP INTERNATIONAL LLC (Name of Resulting Florida Limited Company) |
| (Name of Resulting Clorida Bilinea 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: |
| Donato Quagliato |
| (Contact Person) |
| Petrorep International Ltd. |
| (Firm/Company) |
| 10807 Charleston Place |
| (Address) |
| Cooper City, FL, 33026 |
| (City, State and Zip Code) |
| dzieglercpa@msn.com |
| E-mail address: (to be used for future annual report notifications) |
| For further information concerning this matter, please call: |
| Douglas D. Ziegler at (732) 833-8504 |
| (Name of Contact Person) (Area Code and Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| \$150.00 Filing Fees (\$25 for Conversion and Certificate of Status \$180.00 Filing Fees and Certified Copy \$185.00 Filing Fees, Certified Copy, and Certificate of Status |

STREET ADDRESS:

& \$125 for Articles

of Organization)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Status

MAILING ADDRESS:

Certificate of Status

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

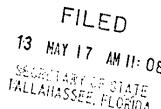
Certificate of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company



This Certificate of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.

| Conversion is: |
|---|
| PETROREP INTERNATIONAL LTD. |
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a Corporation F1200000309 |
| (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.) |
| first organized, formed or incorporated under the laws of New Jersey |
| (Enter state, or if a non-U.S. entity, the name of the country) |
| on 5/25/1995 |
| (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: |
| <u>Florida</u> . |
| 4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| PETROREP INTERNATIONAL 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; <u>AND</u> 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 13th day of May | 2013 | |
|--|---|----------------------|
| Signature of Member or Authorized Replindividual signing affirms that the facts statement constitutes a third degree felony as provide | ted in this document are true. Any false | nny: information |
| Signature of Member or Authorized Representation Name: Donato Quagliato | entative: Title: Member | |
| 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 p ature(s).] | rovided for in |
| Signature: | Title: Officer | |
| Signature: Owned Printed Name: Carmela Quagliato | Title: Officer | |
| Signature:Printed Name: | Title: | |
| Signature:Printed Name: | Title: | |
| Signature:Printed Name: | Title: | 1644 - L L L L L L L |
| Signature:Printed Name: | Title: | |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Direct If Directors or Officers have not been selected | | 08 DA |
| If Florida General Partnership or Limited Signature of one General Partner. | Liability Partnership: | |
| If Florida Limited Partnership or Limited Signatures of ALL General Partners. | Liability Limited Partnership: | |
| All others: Signature of an authorized person. | | |
| Fees: | | |
| Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: | \$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional) Page 2 of 2 | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| AKTICLET - Name | ARTICLE I - Na | me |
|-----------------|----------------|----|
|-----------------|----------------|----|

The name of the Limited Liability Company is:

PETROREP INTERNATIONAL LLC

(Must end with the words "Limited Liability Company, the abbreviation "L.L.C.," or the designation "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

| Principal Office Address: | Mailing Address: | |
|---------------------------|------------------------|--|
| 10807 Charleston Place | 10807 Charleston Place | |
| Cooper City, FL 33026 | Cooper City, FL 33026 | |
| | | |

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:

Donato Quagliato

Name

10807 Charleston Place
Florida street address (P.O. Box NOT acceptable)

Cooper City

City, State, and Zip

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

| The name and address of each Manager or Managing Member is as follows: | | | FILED | | |
|--|--|---------|-------------|-------------------------------------|--|
| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Me | Name and Address: | | | AM 11: 08 DE STATE L FLORIDAS | |
| MGRM | Donato Quagliato 1000 Saint Charles Place, Apt. 717 Pembroke Pines, FL 33026 | | | | |
| MGRM | Carmela Quagliato 1000 Saint Charles Place, Apt. 717 Pembroke Pines, Fl 33026 | | | | |
| | | | _ | | |
| | | | | | |
| effective date: 1) cannot be lorida Department of Stat | other than the date of filing: (OPTIONAL) e prior to nor more than 90 days after the date to the the date listed therein.) | | | • | |
| Signature of a memi | ber of an authorized representative of a member. | | | | |
| the penalties of perjury that the document to the Department of | .408(3), Florida Statutes, the execution of this document confacts stated herein are true. I am aware that any false inform State constitutes a third degree felony as provided for in s.8 | ation s | ubmitted in | ation under i a | |
| | Typed or printed name of signee | | | | |