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(Cit	ty/State/Zip/Phone	#)
PICK-UP	MAIT MAIT	MAIL
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(Bu	siness Entity Name	<del>e</del> )
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations		:
SUBJECT: 7824 NW 5 Avenue		_
·	of Resulting Florida Limited Company)	
	Articles of Organization, and fees are submitted Limited Liability Company" in accordance with s	
Please return all correspondence concer	ning this matter to:	
Carlos D. Rolle		
(Contact Person)		
(Firm/Company)		
1801 NW 186 Stree	t	
(Address)		
Miami Gardens, Florida	33056	2013 OCT
(City, State and Zip Coo	de)	
Smathers305@gmail.co		2 F
E-mail address: (to be used for future annual rep	port notifications)	
For further information concerning this	matter, please call:	Constant
Timothy H. Smathers, Jr.	at ( 305 ) 562-0347	138 100 38
(Name of Contact Person)	(Area Code and Daytime Telephone Number)	— ulikalika.
Enclosed is a check for the following ar	nount:	
\$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 Certified Copy, and Certificate of Status	
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations Clifton Building	Division of Corporations P. O. Box 6327	
2661 Executive Center Circle	Tallahassee, FL 32314	

Tallahassee, FL 32301

### **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:
7824 NW 5 Ave, Inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation \$1300000000.
(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 07/18/2013 .
(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:
N/A
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
7824 NW 5 Ave, 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 7th day of October	20 <u>13</u>	
Signature of Member or Authorized Rep Individual signing affirms that the facts sta constitutes a third degree felony as provide	presentative of Limited Liability Company: ated in this document are true. Any false infe ed for in s.817.155, E&	i ormation
Signature of Member or Authorized Repres Printed Name: <u>Timothy H. Smathers, Jr.</u>	rentative: Title: Managing Member	
	<u>ntity:</u> Individual(s) signing affirm(s) that the tion constitutes a third degree felony as proventure(s).]	
	Title:	<del>_</del>
Signature:Printed Name:	Title:	<del></del>
Signature:Printed Name:	Title:	_
Signature:Printed Name:	Title:	
Signature:Printed Name:	Title:	
Signature:Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Dire If Directors or Officers have not been selecte		3: 39 3: 39
If Florida General Partnership or Limited Signature of one General Partner.	•	
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

ARTICLE I - Name:

The name of the Limited Liability Company is:	
7824 NW 5 Avenue	, LLC
(Must end with the words "Limited Liability Company, the abbrevi	ation "L.L.C.," or the designation "LL.C.")
ARTICLE II - Address:	
The mailing address and street address of the princ	cinal office of the Limited Liability Company is:
F	Apar office of the Elithica Elability Company is.
Principal Office Address:	Mailing Address:
Carlos D. Rolle	Carlos D. Rolle
1801 NW 186 Street	1801 NW 186 Street
Miami Gardens, Fl 33056	Miami Gardens, Fl 33056
ARTICLE III - Registered Agent, Registered O (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	ffice, & Registered Agent's Signature: d Agent. You must designate an individual or another
The name and the Florida street address of the regi	istered agent are:
3	
Timothy H. Sr	mathers, Jr.
Ŋ	Name ====
1854 NW 20	
Florida street address (P	.O. Box <u>NOT</u> acceptable)
Miami Gardens	FL 33056
	ate, and Zip
Having been named as registered agent and to accer company at the place designated in this certificate, I agree to act in this capacity. I further agree to comp proper and complete performance of my duties, and position as registered agent as provided for in Chap	pt service of process for the above stated limited liability I hereby accept the appointment as registered agent and ply with the provisions of all statutes relating to the I am familiar with and accept the obligations of my

(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:

"MGR" = Manager	Name and Address:
"MGRM" = Managing	Member
MGRM	Timothy H. Smathers, Jr
	1854 NW 204th Street
	Miami Gardens, FI 33056
MGR	Carlos D. Rolle
	1801 NW 186th Street
	Miami Gardens, Fl 33056
(Use attachment if nec	essary)
•	
DTICLE V. Effective det	if other than the date of filing:
RTICLE V: Effective dat	e, if other than the date of filing: (OPTIONAL)
he effective date: 1) cann	ot be prior to nor more than 90 days after the date this document is filed.
he effective date: 1) cann e Florida Department of	ot be prior to nor more than 90 days after the date this document is filed.  State; AND 2) must be the same as the effective date listed in the attacks on effective date listed therein.
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