# L13000162700

(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:

Office Use Only



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**N. Outtiga**n - Nov - 8 2013,



1000 Ponce de Leon Blvd. Suite: 105 Coral Gables, FL 33134 Phone: 305-444-4994

Phone: 305-444-4994 Email: filing@ecfsfiling.com

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### CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

	1. South	npoint Acc		TOC PISCOCUMENT#)	94 <u>11800c</u>
	2. (CORPORATE	NAME)	(DC	DCUMENT #)	<del></del>
3. (CORPORATE NAME)		NAME)	(DC	DCUMENT #)	
	☐ Walk-In	Pick up time:	Certified Copy	☐ Certificate Of Sta	tus
ALC: NO.	New Filings Profit	Para State	endments dments	Other F Annual F	A Colorada W
1	Non-Profit	Resig	nation	Fictitious	Name
l	Limited Liability	Dissol	ution/Withdrawal	Apostille	:
√c' =	Other: On Vervion Inc > LLC	Other		Other:	

Examiners Initials



DEPARTMENT OF STATE

13 NOV 19 AN 10: 55

### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 8, 2013

EXPRESS CORPORATE FILING SERVICES

SUBJECT: SOUTHPOINT ACADEMY EES LLC

Ref. Number: W13000062145

We have received your document for SOUTHPOINT ACADEMY EES LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must state the effective date of the conversion. The effective date cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date of the conversion under the laws governing the other business entity.

The document was received on 11/07/13.

Please return 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.

Neysa Culligan Regulatory Specialist II

Letter Number: 713A00026020

FILED

2013 NOV -7 AM 10: 23

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## 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.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of
Conversion is:  SOUTHPOINT ACADEMY EES INC P13-1/685
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>CORPORATION</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 FLORIDA
(Enter state, or if a non-U.S. entity, the name of the country)
on 02/04/2013
(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:
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
SOUTHPOINT ACADEMY EES LLC
(Enter Name of Florida Limited Liability Company)
5. If not effective on the date of filing, enter the effective date: 11/07/2013  (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.

Signed this 5	day of NOVEMBER	20_13	
		tive of Limited Liability Company:	
Individual signing affi	irms that the facts stated in t	his document are true. Any false infort	mation
	gree felony as provided for in		
~	•	10 1 ml 12 1	
Signature of Member	or Authorized Representative	Sabety fruite	
Printed Name: ELIZAB	ETH SANTANA	Title PRESIDENT	
Signature(s) on behalf	f of Other Business Entity: Ir	idividual(s) signing affirm(s) that the f	acts stated in
this document are tru	e. Any false information con:	stitutes a third degree felony as provide	ed for in
	low for required signature(s)		
Signature:	Hondre-		
Printed Name LIZABET	H SANTANA	Title: president	
<i>O</i> +	J		
Signature:			
Printed Name:		Title:	
<del></del> -		<del></del>	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
Signature:		The state of the s	
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
If Florida Corporation			
Signature of Chairman,	Vice Chairman, Director, or C	Officer.	
If Directors or Officers	have not been selected, an Inc	orporator must sign.	
	<u>rtnership or Limited Liabilit</u>	v Partnersbip:	
Signature of one General	al Partner.		
		** *	
	<u>rtnership or Limited Liabilit</u>	v Limited Partnership:	
Signatures of ALL Gen	ieral Partners.		

All others: Signature of an authorized person.

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

SOUTHPOINT ACADEMY EES	SHC
(Must end with the words "Limited Liability Company, the	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
27835 SOUTH DIXIE HWY	27835 SOUTH DIXIE HWY
HOMESTEAD, FL 33032	HOMESTEAD, FL 33032
The name and the Florida street address of th	
<u>ELIZABETH SAN'</u>	Name
11485 SW 181 S	
Florida street addre	ess (P.O. Box <u>NOT</u> acceptable)
MIAMI	FL 33157
Ci	ty, State, and Zip
Having been named as registered agent and to company at the place designated in this certifu	accept service of process for the above stated limited liab cate, I hereby accept the appointment as registered agent o

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..

(CONTINUED)

Page 1 of 2

	ARTICLE IV- Manager(s) or The name and address of each l	Managing Member(s):  Manager or Managing Member is as follows:
	Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
	MGRM	ELIZABETH SANTANA 11485 SW 181 ST MIAMI, FL 33157
	MGRM	JOSE L. ALMEIDA  11485 SW 181 ST  MIAMI, FL 33157  SECTION TO
		ARY OF STATE ASSIE, FLORIDA
	(Use attachment if necessary)	
(The	effective date: 1) cannot be prio	than the date of filing: 11/07/2013 (OPTIONAL)  r to nor more than 90 days after the date this document is filed by 1D 2) must be the same as the effective date listed in the attached ive date listed therein.)
REO	(In accordance with section 608.408(3) the penalties of perjury that the facts st document to the Department of State co	m authorized representative of a member.  Florida Statutes, the execution of this document constitutes an affirmation under ated herein are true. I am aware that any false information submitted in a constitutes a third degree felony as provided for in s.817.155, F.S.)  Amtone ed or printed name of signee
	Туре	ed or printed name of signee

Page 2 of 2