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		(Name	of Resulting Florida	Limite	d Company)			
SUBJEC	CT: SPAZIO	DLOGY, LLC				_		
	Division of C							
TO: R	Registration S	Section						

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

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

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles 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.605.1045, Florida Statutes.

1. The name of the "Other Business Entity SPAZIOLOGY, INC.	"immediately prior to the filing of the Articles of Conversion is: $014-3300$.
(Enter Name	of Other Business Entity)
2. The Other business chury is a	PORATION
	ntity type. Example: corporation, limited partnership, oral partnership, common law or business trust, etc.)
First organized, formed or incorporated und	der the laws of FLORIDA
on 03-14-2014	(Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or incorporatio	on)
3. The name of the Florida Limited Liabili	ity Company as set forth in the attached Articles of Organization:
SPAZIOLOGY, LLC	
(Enter Name of Florid	la Limited Liability Company)
date this document is filed by the Florida	er the effective date: o date of receipt or filed date nor more than 90 days after the a Department of State; <u>AND</u> 2) must be the same as the effective ganization, if an effective date is listed therein.)
5. The plan of conversion has been approve	ed in accordance with ss. 605.1041-605.1046.

Page 1 of 2

2014 MAR 25 FM 12: 03

Signed this 20TH day of MARCH	20 <u>_14</u> .		
Signature of Authorized Representative of Limi	ted Liability Company:		
Signature of Authorized Representative:Printed Name: VICTOR MELILLO SPADAVECH	IIATITIE: MANAGING MEMBER		
Signature(s) on behalf of Other Business Entity:	See below for required signature(s).]		
Signature: Printed Name: VICTOR MELILLO SPADAVECH	IIATitle: DIRECTOR		
Signature:Printed Name:			
Printed Name:	Title:		
Signature:Printed Name:	Title:		
Signature:Printed Name:			
Printed Name:	Title:		
Signature:Printed Name:	Title:		
Signature:			
Printed Name:	Title:		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc.			
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:		
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:	2014 - 555 - 7555	
All others: Signature of an authorized person.		MR 2	COMMENTS.
Fees:			
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	M (2: 03	Essenter P

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Co	ompany is:	
·	•	
SPAZIOLOGY, LLC		
(Must end with the words "I	Limited Liability Company, "L.L.C.," or "LLC.")	-
ARTICLE II - Address:		
The mailing address and street address	ss of the principal office of the Limite	ed Liability Company is:
Principal Office Address:	Mailing Address:	
1040 BISCAYNE BLVD	1040 BISCAYNE BLV	/D
UNIT 4001	UNIT 4001	
MIAMI, FL 33132	MIAMI, FL 33132	
	·	
ARTICLE III - Registered Agent, I (The Limited Liability Company cannot serve as business entity with an active Florida registratio	its own Registered Agent. You must designate an	
The name and the Florida street address	ess of the registered agent are:	
VICTOR MELII	LO SPADAVECHIA	
VIOTOR WILLIE	Name	
1040 BISCAYN	IE BLVD, UNIT 4001	
Florida street ad	Idress (P.O. Box NOT acceptable)	
MIAMI	FL 33132	
Ci	ity Zip	
liability company at the place de registered agent and agree to act in statutes relating to the proper and accept the obligations of my pos	agent and to accept service of process pesignated in this certificate, I hereby as a this capacity. I further agree to complete performance of my duties, a sition as registered agent as provided pent's Signature (REQUIRED)	ccept the appointment as ply with the provisions of all and I am familiar with and
	(CONTINUED) Page 1 of 2	25 PH 12: 0

A	R	Т	I	\boldsymbol{C}	T.	\mathbf{E}	T	V-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager MGR	BORRELLI, PASCUALE 95 MERRICK WAY CORAL GABLES, FL 33134	
MGR	FRISO, MARY C. 95 MERRICK WAY CORAL GABLES, FL 33134	
MGR	CAMPISI, ANTONINA 1040 BISCAYNE BLVD MIAMI, FL 33132	
MGR	MELILLO SPADAVECHIA, VICTOR 1040 BISCAYNE BLVD MIAMI, FL 33132	
(Use attachment if necessary)		
	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days p	rior
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:		
Signature of a memle (In accordance with section 605:0203 constitutes an affirmation under the per I am aware that any false information constitutes a third degree felony as pro-	ber or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document enalties of perjury that the facts stated herein are true. submitted in a document to the Department of State ovided for in s.817.155, F.S.)	Edmi to
VICTOR MELILLO	O SPADAVECHIA	A SALES OF THE PARTY OF THE PAR
<u>Filing Fees:</u> \$125.00 Filing Fee for Articles of Registered Agent	s of Organization and Designation	-