# L14000052026

	NO 6 - 5000
	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P MAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
,	

Office Use Only



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J. Shilvers MAR 3.1 测焊



March 18, 2014

JOHANNA ACOSTA 1930 HARRISON ST #209 HOLLYWOOD, FL 33020

SUBJECT: GABRIEL AMERICA FOUNDATION LLC

Ref. Number: W14000017247

We have received your document for GABRIEL AMERICA FOUNDATION 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):

The effective date must be specific and cannot be prior to the date of filing.

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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 614A00005804

www.sunbiz.org

Division of Comment on D.O. DOV 0007 Mallalana Division 200

### **COVER LETTER**

TO:	Registration S Division of Co					
SUBJ	ECT:	GABRIEL A	ИEF	RICA FO	JND	ATION LLC.
0020		(Name	of Res	sulting Florida	Limite	d Company)
						and fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please	e return all corre	espondence concerning	g this	s matter to:		
	J	ohanna Acosta				
		(Contact Person)				
		(Firm/Company)				
	1930	Harrison Street	<del>4</del> 20	9		
		(Address)				
	Hollyv	vood, FL 33020				
	(C	City, State and Zip Code)				
	johanna@	energysmartind	ustr	y.com		
E-r	nail Address: (to be	e used for future annual re	port n	otifications)		
For fu	irther informatio	on concerning this ma	tter, j	please call:		
Joh	anna Acosta	a	at (	954	920	0-0098
	(Name of Conta	ct Person)			(Day	time Telephone Number)
Enclo	sed is a check for	or the following amou	nt:			
(\$25 fc & \$125	60.00 Filing Fees or Conversion 5 for Articles anization)	☐\$155.00 Filing Fees and Certificate of Status		5180.00 Filing Certified Cop		\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	EET ADDRESS	S:				ADDRESS:
-	tration Section ion of Corporati	ons		Registra Divisio		Section forporations
	n Building			P. O. B		•
	Executive Centeral Research Executive Centeral Research 1997 (1997)			Tallaha	ssee, l	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" GABRIEL AMER	immediately prior to RICA FOUNDATION	
· · · · · · · · · · · · · · · · · · ·	f Other Business Entity)	
2. The "Other Business Entity" is a	Corporation	_
(Enter ent	tity type. Example: corpo al partnership, common la	oration, limited partnership, w or business trust, etc.)
First organized, formed or incorporated und	er the laws of	Florida
-	(Enter state,	, or if a non-U.S. entity, the name of the country)
		th in the attached Articles of Organization:
(Enter Name of Florida	Limited Liability Compa	ny)
4. If not effective on the date of filing, enter (The effective date: 1) cannot be prior to date this document is filed by the Florida date listed in the attached Articles of Org	date of receipt or fil Department of State	ed date nor more than 90 days after the e; <u>AND</u> 2) must be the same as the effective
5. The plan of conversion has been approved	d in accordance with	ss. 605.1041-605.1046.

Page 1 of 2

Signed this day, of MUVM	20 2014
Signature of Authorized Representative of Limit	
Signature of Authorized Representative:  Printed Name: CITRINE MANAGEMENT SERVICES INC	
Signature(s) on behalf of Other Business Entity:	
Signature: Printed Name: CITRINE MANAGEMENT SERVICES INC	Title: PRESIDENT
Signature:Printed Name:	Title:
Signature:Printed Name:	
Signature: Printed Name:	
Signature:Printed Name:	
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of the Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	•
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)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	GABRIEL AMERI	CA FOUNDATION LLC.	
(Mı	ust end with the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ad The mailing address	=	rincipal office of the Limited	l Liability Company is:
Principal Office A	Address:	Mailing Address:	
1930 Harrison	Street, #209	1930 Harrison Street, #2	209
Hollywood	FL 33020	Hollywood FL 33020	)
ne name and the	Florida street address of the	registered agent arc:	
ine name and the	CITRINE MANAGEME	NT SERVICES INC.	
ine name and the	CITRINE MANAGEMEI Nam	NT SERVICES INC.	ALC:
ine name and the	CITRINE MANAGEMEI Nam 1930 Harrison	NT SERVICES INC. e Street, #209	TALLASS.
ne name and the	CITRINE MANAGEMEI Nam	NT SERVICES INC. e Street, #209	1417722 (**
ne name and the	CITRINE MANAGEMEI Nam 1930 Harrison Florida street address (P.C	Street, #209  D. Box NOT acceptable)  FL 33020	W. 1. 55 J. 6.
ine name and the	CITRINE MANAGEMEN Nam 1930 Harrison Florida street address (P.C.	Street, #209  D. Box NOT acceptable)	TATLEMENT CALORINA

Page 1 of 2

(CONTINUED)

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
PRES	CITRINE MANAGEMENT SERVICES INC.
	1930 Harrison Street, #209
	Hollywood, FL 33020
MGR	HH PROPERTY NETWORK LLC
	8694 SW 51 Place
	Cooper City, FL 33328
MGR	LV INVESTMENT SOVEREIGN LLC
	8694 SW 51 Place
	Cooper City, FL 33328
	the date of filing: (OPTION/st be specific and cannot be more than five business
CLE V: Effective date, if other than	
LE V: Effective date, if other than ffective date is listed, the date mu	
LE V: Effective date, if other than ffective date is listed, the date mu days after the date of filing.)	
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CLE V: Effective date, if other than ffective date is listed, the date mu days after the date of filing.)  CLE VI: Other provisions, if any.	st be specific and cannot be more than five business
CLE V: Effective date, if other than ffective date is listed, the date mudays after the date of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	st be specific and cannot be more than five business
CLE V: Effective date, if other than ffective date is listed, the date mu days after the date of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a memoral accordance with section 60\$.0203	ber or an authorized representative of a member.  3 (1) (b), Florida Statutes, the execution of this document
CLE V: Effective date, if other than ffective date is listed, the date mu days after the date of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a memory accordance with section 605.0203 institutes an affirmation under the points.	ber or an authorized representative of a member.  3 (1) (b), Florida Statutes, the execution of this documer enalties of perjury that the facts stated herein are true.
LE V: Effective date, if other than ffective date is listed, the date mu days after the date of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a memory accordance with section 605.0203 astitutes an affirmation under the positive section.	ber or an authorized representative of a member.  (1) (b), Florida Statutes, the execution of this documer enalties of perjury that the facts stated herein are true, submitted in a document to the Department of State
REQUIRED SIGNATURE:  Signature of a memory accordance with section 605.0203 astitutes an affirmation under the permanent of the permanent accordance with section 605.0203 astitutes an affirmation under the permanent accordance with section 605.0203 astitutes at third degree felony as product of the permanent of	ber or an authorized representative of a member.  (1) (b), Florida Statutes, the execution of this documer enalties of perjury that the facts stated herein are true, submitted in a document to the Department of State

Page 2 of 2

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)