# \*1/4000052445

(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



900256756399

03/07/14--01007--002 \*\*125.00

02/20/14--01008--015 \*\*25.00

2014 MAR - 7 PK 4: 33
SECRETARY OF STATE

K. SALY EXAMINER

MAR 31 2014

No entitle destroy



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 24, 2014

TECHMAR, INC. RAFAEL LABARTA 190 CEYLON AVE TAMPA, FL 33606

SUBJECT: TECHMAR, INC. Ref. Number: P10000045354

We have received your document for TECHMAR, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filings its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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.

Karen A Saly Regulatory Specialist II

Letter Number: 314A00004038

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Techmar LLC (Name of Resulting Florida Limited 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. 605.1045, F.S.
Please return all correspondence concerning this matter to:
Lafael Labarta  (Contact Person)  Techmar LLC  (Firm/Con)pany)  190 (eq. 1100 ave,
(City, State and Zip Code)  (City, State and Zip Code)  E-mail Address: (to-be used for future annual report notifications)
For further information concerning this matter, please call:
(Name of Contact Person)  (Name of Contact Person)  (Area Code)  (Daytime Telephone Number)
Enclosed is a check for the following amount:
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)  \$150.00 Filing Fees and Certificate of Status  \$180.00 Filing Fees and Certified Copy  Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building P. O. Box 6327 2661 Executive Center Circle  MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 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.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:  Technology From Control of the Plotocology From Conversion is:  1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation (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
on 05/2010 (Enter state, or if a non-U.S. entity, the name of the country) (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Techman LLC (Enter Name of Florida Limited Liability Company)
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:  (The effective date: 1) cannot be prior to date of receipt or filed date 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.)
5. The plan of conversion has been approved in accordance with as 605 1041-605 1046

Page 1 of 2

Signed this 5 day of March	20 1 4
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: LA Printed Name: Rafael Labarta	
Signature(s) on behalf of Other Business Entity:	See below for required signature(s).
Signature: M Printed Name: Rafael Labarta	Title: Incorporator Officer
Signature:Printed Name:	
Printed Name:	Title:
Signature: Printed Name:	<del></del>
Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ity Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ity 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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street address of the prir	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
190 Ceylon ave. Tampa, FL 33606	190 Ceylon Que. Tampa, FL 33606
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the report of the Paragraph of the report o	abarda RESERVITOR ON QUE.

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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	0-011-6-10
am be	190 Ceylon ave.
	Tampa FL 33(000
C -00	Joan Labarta
<u> </u>	190 Ceulon ave.
	Tampa, FL 33600
(Use attachment if necessary)  FICLE V: Effective date, if other that	n the date of filing: (OPTIONAL)
FICLE V: Effective date, if other than n effective date is listed, the date m	n the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days
FICLE V: Effective date, if other than effective date is listed, the date mr 90 days after the date of filing.)	n the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days
FICLE V: Effective date, if other than effective date is listed, the date mr 90 days after the date of filing.)	n the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days
FICLE V: Effective date, if other than effective date is listed, the date mr 90 days after the date of filing.)	n the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days
FICLE V: Effective date, if other than n effective date is listed, the date mr 90 days after the date of filing.)  FICLE VI: Other provisions, if any.	n the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days
FICLE V: Effective date, if other than effective date is listed, the date mr 90 days after the date of filing.)	n the date of filing: (OPTIONAL)  nust be specific and cannot be more than five business days
FICLE V: Effective date, if other than an effective date is listed, the date mr 90 days after the date of filing.)  FICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	nust be specific and cannot be more than five business days
FICLE V: Effective date, if other than effective date is listed, the date mr 90 days after the date of filing.)  FICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mei	mber or an authorized representative of a member.
FICLE V: Effective date, if other than effective date is listed, the date mr 90 days after the date of filing.)  FICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mer (In accordance with section 605.020 constitutes an affirmation under the	mber or an authorized representative of a member.  03 (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true.
FICLE V: Effective date, if other than effective date is listed, the date mr 90 days after the date of filing.)  FICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mer (In accordance with section 605.026 constitutes an affirmation under the I am aware that any false information	mber or an authorized representative of a member. 03 (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true. on submitted in a document to the Department of State
FICLE V: Effective date, if other than effective date is listed, the date mr 90 days after the date of filing.)  FICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mer (In accordance with section 605.020 constitutes an affirmation under the I am aware that any false informatio constitutes a third degree felony as provided the section of the s	mber or an authorized representative of a member. 03 (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true. on submitted in a document to the Department of State

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

ARTICLE IV-

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)
Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation