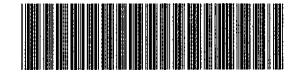
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





800258411748

04/08/14--01015--024 **111.25

02/26/14--01027--017 **43.75



M. MILLIGAN FYAMINER

APR 17 2014

1114, 23019

COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT:	1DB (Oncep 15 of Resulting Florida Limited	LLC d Company)
			d fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return all correspo	ondence concerning	g this matter to:	
Michelle Ve	Contact Person)		
MDB Conc	epts Firm/Company)	·	
110 W. Sun	(Address)	Je	
Coral Gal	State and Zip Code)	33133	
Mah Concept E-mail Address: (to be use	t agma	port notifications)	•
For further information c	oncerning this mat	ter, please call:	
David Bec (Name of Contact Pe	erson)	at (305) 4 (Area Code) (Day	31-4280 time Telephone Number)
Enclosed is a check for th	he following amou	nt:	
(\$25 for Conversion and	\$155.00 Filing Fees d Certificate of atus	□\$180.00 Filing Fees and Certified Copy	\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building		MAILING A Registration S Division of C P. O. Box 632	Section orporations 27
2661 Executive Center C	'ircle	Tallahassee I	T 32314

Tallahassee, FL 32301

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" immediately prior to the filing of the Articles of Conversion is:
(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
on $\frac{12/30/2013}{\text{(date of organization, formation or incorporation)}}$ (Enter state, or if a non-U.S. entity, the name of the country)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
MDB Concepts, LLC
(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; <u>AND</u> 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 ss. 605.1041-605.1046.

Page 1 of 2

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Signed this day of	₂₀ <u>14</u>			
Signature of Authorized Representative of Limi				
Signature of Authorized Representative: Printed Name: David Belevia				
Signature(s) on behalf of Other Business Entity:	See below for required signature(s).]			
Signature: The Very Printed Name: Michelle Very		– –		
Signature:Printed Name:	Title:			
Signature:Printed Name:				
Signature:Printed Name:	Title:	 -		
Signature: Printed Name:	_ Title:	- -		
Signature: Printed Name:	Title:			
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Indiana.				
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:	1415 1415 1415 1415 1415 1415 1415 1415	14 !	
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:		FR 17	
All others: Signature of an authorized person.			R 2:	
<u>Fees:</u>		€. 13 ;	CO CP	
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

·			
ARTICLE I - Name: The name of the Limited Liability Company is:			
(Must end with the words "Limited Liability Company, "L.L.C.," or "L.C.")			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Lia	bility Co	ompa	ny is:
Principal Office Address: Mailing Address:			
110 W. Sunrise Ave 110 W. Sunrise Coral Gables, RL Coral Conbles, 33133 33133	Ave	,	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individualism business entity with an active Florida registration.)	Signatu ual or anot	I re: her	
The name and the Florida street address of the registered agent are:			
Michelle Vega			•
Name			
110 W. Sunrise Ave.			
Florida street address (P.O. Box NOT acceptable)			
Coval Gubles FL 33133			
City Zip			
Having been named as registered agent and to accept service of process for the liability company at the place designated in this certificate, I hereby accept to registered agent and agree to act in this capacity. I further agree to comply with statutes relating to the proper and complete performance of my duties, and I at accept the obligations of my position as registered agent as provided for in Complete Registered Agent's Signature (REQUIRED)	he appoi h the pro m famili	intmei visioi ar wii	nt as ns of all th and
(CONTINUED)		7	
Page 1 of 2		APR 17 PM	

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(Use attachment if necessary) CLE V: Effective date, if other than the date of filing: (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: (OPTIONAL iffective date is listed, the date must be specific and cannot be more than five business day days after the date of filing.) CLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member of an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document institutes an affirmation under the penalties of perjury that the facts stated herein are true. In aware that any false information submitted in a document to the Department of State institutes a third degree felony as provided for in s.817.155, F.S.) David Becevia Typed or printed name of signee Filling Fees: S125.00 Filling Fee for Articles of Organization and Designation of Registered Agent	"AMBR" = Authorized Member	,	
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	MGR = Manager	David Recerva	
Coral Gables, Fe 33133 Midelle Vega 1/0 W. Sunvise Ave 1/0 W. Sun	HI-WIL TIGHT		<u> </u>
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ARTICLE IV-