114000067743

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



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SECRETARY OF STATE
SECRETARY O

APR 2 5 2014 T CLINE



390 NORTH ORANGE AVENUE
SUITE 1400
ORLANDO, FLORIDA 32801
P.O. BOX 4961 (32802-4961)
TELEPHONE: 407.435.8377
www.broadandcassel.com

ANTHONY W. JUSTICE, PARALEGAL DIRECT LINE: 407-839-4214 EMAIL:ajustice@broadandcassel.com

April 15, 2014

PERSONAL AND CONFIDENTIAL

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

Re: Union Fire, Inc.

Dear Clerk:

Enclosed for filing are the following documents necessary to convert the above-referenced Corporation to a limited liability company:

- 1. Certificate of Conversion; and
- 2. Articles of Organization.

Also enclosed is our check in the amount of \$150.00 to cover the cost associated with this filing. Once filed, please forward confirmation of such filing to our office in the self-addressed stamped envelope provided.

Should you have any questions or comments, please contact our office.

Sincerely,

BROAD AND CASSEL

Anthony W. Justice

Paralegal

:awj

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: |
|--|
| (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 February 10, 2006 (date of organization, formation or incorporation) (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: |
| Union Fire, 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; 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 ss. 605.1041-605.1046. |
| Page 1 of 2 |

2014 APR 22 FH 3: 22
SCORETANY OF STATE
TALLAHASSOLI LORIO

| Signed this day of Apr./ | _20 <u>14</u> |
|--|---------------------------------------|
| Signature of Authorized Representative of Limit | ed Ljability Company: |
| Signature of Authorized Representative: Printed Name: Ahmed El-Hawary | |
| Signature(s) on behalf of Other Business Entity: S | See below for required signature(s).] |
| Signature: | |
| Printed Name: Ahmed El-Hawary | Title: Director |
| Signature: | |
| Printed Name: | _ Title: |
| S' | |
| Signature:Printed Name: | |
| Timed Name. | |
| Signature: | |
| Printed Name: | _ Title: |
| | |
| Signature: | |
| Printed Name: | _ Title: |
| g' . | |
| Signature:Printed Name: | Title |
| rimted Name. | _ 1 Itie |
| If Florida Corporation: | |
| Signature of Chairman, Vice Chairman, Director, or C | Officer. |
| If Directors or Officers have not been selected, an Inc | |
| | |
| If Florida General Partnership or Limited Liabilit | y Partnership: |
| Signature of one General Partner. | |
| YOYU I Y Y 1 TO A 1 T Y 14. 1 Y 2. 1.2124 | . I toute d Dones and in |
| If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners. | y Limited Partnership: |
| Signatures of ALL General Farmers. | |
| All others: Signature of an authorized person. | |
| G | <u>.</u> |
| Fees: | \$25.00 \$135.00 |
| Articles of Conversion: | \$25.00 |
| Fees for Florida Articles of Organization: | \$125.00 |
| Certified Copy: | \$30.00 (Optional) |
| Certificate of Status: | \$5.00 (Optional) |
| Cathinana of Simina | (T E |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Nam The name of the Lin | e: nited Liability Company i | S: | |
|--|--|---|--|
| Union Fire, LLC | | 10- | ···· |
| (Must | end with the words "Limited Liab | oility Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - Add The mailing address | | principal office of the Limited | Liability Company is: |
| Principal Office Ad | ldress: | Mailing Address: | |
| 615 East Colonial Drive | | 615 East Colonial Drive | |
| Orlando, Florida 32803 | | Orlando, Florida 32803 | |
| | | | |
| | lorida street address of the Ahmed El-Hawary Nar | | |
| | 615 East Colonial Drive | | |
| <u>-</u> | | O. Box NOT acceptable) | |
| | Oriango | FL 32803 | |
| - | City | Zip | |
| liability compa registered agent a statutes relating | ny at the place designated nd agree to act in this cape to the proper and complete gations of my position as the second s | to accept service of process for in this certificate, I hereby according to the comply according to the comply according to the comply and the complete performance of my duties, and registered agent as provided for a genture (REQUIRED) | ept the appointment as with the provisions of all d I am familiar with and |
| | (CONTI | NIIFD) | HE 20 |

Page 1 of 2

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| | <u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager | Name and Address: | | |
|-----|--|-------------------------|---|--|
| | MGR | | Ahmed El-Hawary | |
| | | 615 East Colonial Drive | | |
| | | Orlando, Florida 32803 | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
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| | | | | |
| | (Use attachment if necessary) | | | |
| | | | | |
| n e | | , the date must be | ate of filing: (OPTIONAL) e specific and cannot be more than five business days | |
| IC | LE VI: Other provision | ons, if any. | | |
| | | | | |
| | | ATURE; / | Will | |

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

Filing Fees:

Typed or printed name of signee