1140001/7877

| (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: |
| |
| W14-34256 |
| • |

Office Use Only



600260096416

05/21/14--01002--015 **35.00

07/15/14--01002--004 **115.00



UUL 28 2014 D. BRUCE



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 15, 2014

Ä

CHARLIE GREEN 5500 SW 74TH STREET MIAMI, FL 33143

SUBJECT: CHARLIE GREEN DESIGN, LLC

Ref. Number: W14000036280

We have received your document for CHARLIE GREEN DESIGN, 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):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 214A00015124



June 11, 2014

CHARLIE GREEN 5500 SW 74TH STREET MIAMI, FL 33143

SUBJECT: CHARLIE GREEN DESIGN, LLC

Ref. Number: W14000036280

We have received your document for CHARLIE GREEN DESIGN, LLC and your check(s) totaling \$35.00. 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.

The fees to file the Certificate of Conversion and Articles of Organization total \$150.00 (\$25 filing fee for the Certificate of Conversion, \$100 filing fee for the Articles of Organization, and \$25 for the Registered Agent Designation). Enclose an additional \$30 for each certified copy requested and an additional \$5 for each certificate of status requested.

There is a balance due of \$115.00.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 014A00012627

COVER LETTER

| Division of C | Corporations | | | |
|---|---|--|--|----------|
| SUBJECT: | CHA | NYE GAREN | DESIGN, LLC. | |
| | (Name | of Resulting Florida Limite | ed Company) | |
| | | | nd fees are submitted to co coordance with s. 605.104 | |
| Please return all corr | espondence concernin | g this matter to: | | |
| CHARUE | (Contact Person) | | | |
| | (+ | | | |
| CHARLI | (Firm/Company) | HGN | | |
| 55 00 SW | 7479 STAD | , | | |
| | 7479 STREET | | | |
| | 7 33 1 4 3 3 1 4 3 City, State and Zin Code) | | • | |
| , | Alie G peew oles be used for future annual re | | | |
| For further informati | ion concerning this ma | tter, please call: | | |
| CHARLIE | Gneres act Person) | _at (786)& | 612-3878 | |
| (Name of Conta | act Person) | (Area Code) (Day | rtime Telephone Number) | |
| Enclosed is a check | for the following amou | int: | | |
| \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) | ☐\$155.00 Filing Fees and Certificate of Status | ☐\$180.00 Filing Fees and Certified Copy | ☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status | THE TASS |

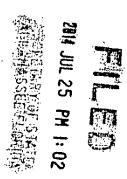
STREET ADDRESS:

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

TO: Registration Section

MAILING ADDRESS:

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



Articles of Conversion

For

"Other Business Entity"

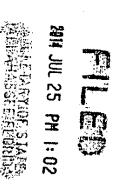
Into

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.

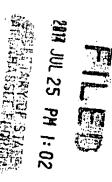
| 1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: CHACKE GREEN DESIGN, Conp. (Fater Name of Other Business Entity) |
|--|
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a Cosposation. |
| (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.) |
| First organized, formed or incorporated under the laws of Floward. |
| on |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: CHACKE GAREN DEHGN 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 ss. 605.1041-605.1046. |

Page 1 of 2



| Signed this _06 _ day of _Joly | 20_/4 |
|---|--|
| Signature of Authorized Representative of Lim | ited Liability Company: |
| Signature of Authorized Representative: Printed Name: CHANG CAPER — | Title: Prepoews |
| Signature(s) on behalf of Other Business Entity: | [See below for required signature(s).] |
| Signature: //// | , , |
| Printed Name A Strank is Chean | Stitle: 11 criosis. |
| | |
| Signature:Printed Name: | Title: |
| | |
| Signature:Printed Name: | Title: |
| Timed Name. | ritte. |
| Signature:Printed Name: | |
| Printed Name: | Title: |
| Signature: | |
| Printed Name: | |
| 0:- | • |
| Signature:Printed Name: | Title: |
| Tritted Points. | |
| If Florida Corporation: | |
| Signature of Chairman, Vice Chairman, Director, or | |
| If Directors or Officers have not been selected, an In | corporator must sign. |
| If Florida General Partnership or Limited Liabili Signature of one General Partner. | ty Partnership: |
| If Florida Limited Partnership or Limited Liabili 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) |

Page 2 of 2



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Company is: CHARLIE GREEN DESIGN, LLC. (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 5500 Sw 74th 57peet Minum, 71 33143 Minum, 71 33143 |
|---|
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: |
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| The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: |
| Principal Office Address: Mailing Address: |
| |
| 5500 SW 7474 STREET 5500 SW 74Th STREET |
| 1000 SW 194 31 Reel 3000 SW 191" SINEEL |
| |
| 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
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| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: |
| (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) |
| The name and the Florida street address of the registered agent are: |
| 5 5 |
| Name 5500 SW 74Th STREET |
| Name |
| 3500 SW 741h STREET |
| Florida street address (P.O. Box NOT acceptable) |
| MANN FI 33143 |
| City FL 33143 |
| 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 (RHQUIRED) |

Page 1 of 2

| Title: | Name and Address: | |
|--|--|----------------------------|
| "AMBR" = Authorized Member "MGR" = Manager | | |
| "MGR" = Manager]1116 DENT | CHARLIE GREEN | |
| · · · · · · · · · · · · · · · · · · · | SSOOSW TYM STREET | |
| | MAM, F1 33143 | |
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| CLE V: Effective date, if other than the effective date is listed, the date must days after the date of filing.) | ne date of filing: (Control of the specific and cannot be more than five be | OPTIONAL) ousiness days |
| CLE V: Effective date, if other than the effective date is listed, the date must days after the date of filing.) | ne date of filing: (C | OPTIONAL) ousiness days |
| CLE V: Effective date, if other than the effective date is listed, the date must days after the date of filing.) | ne date of filing: (C | OPTIONAL) ousiness days |
| CLE V: Effective date, if other than the | ne date of filing: (Control of the specific and cannot be more than five be specific. | OPTIONAL) ousiness days |
| CLE V: Effective date, if other than the effective date is listed, the date must days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member | t be specific and cannot be more than five be | nber. |
| CLE V: Effective date, if other than the effective date is listed, the date must days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member accordance with section 605.0203 (| er or an authorized representative of a mer (1) (b), Florida Statutes, the execution of this | nber. |
| CLE V: Effective date, if other than the effective date is listed, the date must days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of accordance with section 605.0203 (nstitutes an affirmation under the pen | er or an authorized representative of a mer (1) (b), Florida Statutes, the execution of this halties of perjury that the facts stated herein an | nber. document |
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ARTICLE IV-