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SECRETARY OF STATE

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JAN = 5 2015 T. **HAMPTON**

COVER LETTER

_	ration S	Section forporations				
SUBJECT: (Conver	sion from Corporatio	on to LLC			
Sendberr_			of Resulting Florida	Limite	ed Company)	
					nd fees are submitted to conve accordance with s. 605.1045, F	
Please return	all corre	espondence concernin	g this matter to:			
Bonnie Lauz	on					
		(Contact Person)				
Mandara Inv	estme	nts Inc.				
		(Firm/Company)				
2575 Northb	rooke	Plaza Drive				
		(Address)				
Naples, Flor	ida 34′	119				
	((City, State and Zip Code)				
mandarainc(@gmai	l.com				
E-mail Addr	ess: (to b	e used for future annual re	port notifications)			
For further in	formatio	on concerning this ma	tter, please call:			
Bonnie Lauz	on		_at (239	877	-0448	
(Name	of Conta	ct Person)	(Area Code)	(Day	ytime Telephone Number)	
Enclosed is a	check f	or the following amou	int:			
\$150.00 Filin (\$25 for Convers & \$125 for Artic of Organization)	sion les	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET AD	DRES	S:	MAILI	NG A	ADDRESS:	
Registration S			Registra			
Division of Co	-	ons			Corporations	
Clifton Buildi	_	or Circle	P. O. Bo		27 EL 30314	

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: Mandara Investments Inc.
(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
04/26/2011 (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:
Mandara Investments LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 01/01/2015 (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 all applicable statutes.

Page 1 of 2

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SECRETARY OF STATE
AND SEFE, FLORIDA

Signed this 18	day of December	20 <u>14</u>		
Signature of Auth	orized Representative of Limi	ted Liability Company:		
Signature of Autho Printed Name: Bonn	rized Representative: Boxe nie Lauzon	Title: Director		
Signature(s) on bel	half of Other Business Entity:	See below for required signature(s).]		
Signature: Printed Name: Boyle	nie Lapzop	Title: Director	-	
Signature:	Lauzon	Title: Director		
Signature:Printed Name:		Title:	·	
Signature:Printed Name:		Title:	-	
Signature:Printed Name:		Title:		
Signature:Printed Name:		_ Title:	· -	
	tion: tan, Vice Chairman, Director, or cores have not been selected, an Inc.			
If Florida General Signature of one Ge	Partnership or Limited Liabili neral Partner.	ty Partnership:		
If Florida Limited Signatures of ALL	Partnership or Limited Liabilit General Partners.	y Limited Partnership:		
All others: Signature of an author	orized person.			
Fees:			14 DI SEC	-14
Articles of C Fees for Flo Certified Co Certificate o	rida Articles of Organization: opy:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	14 DEC 22 PM 4 SECRETARY OF S	ILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Mandara Investments LLC (Must end with the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited l	Liability Company is:
Principal Office Address:	Mailing Address:	
2575 Northbrooke Plaza Drive Naples, Florida 34119	9645 Cobalt Cove Cir Naples, Florida 34120	
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 re	egistered agent are:	
Bonnie Lauzon		
Name		
9645 Cobalt Cove Circle		
Florida street address (P.O.	Box NOT acceptable)	
Naples	FL 34120	
City	Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p accept the obligations of my position as reg	this certificate, I hereby accepty. I further agree to comply verformance of my duties, and	ot the appointment as with the provisions of all I am familiar with and
Registered Agent's Sign	oture (PEOLIDED)	14 I SEI
(CONTINE		PIL TO DEC 22 PR

Page 1 of 2

<u>Title:</u>	Name and Address:		
"AMBR" = Authorized Member "MGR" = Manager			
MGR - Manager MGR	Yvon Pierre Lauzon		
	9645 Cobalt Cove Circle		
	Naples, Florida 34120	<u>. </u>	
MGR	Bonnie Lauzon		
	9645 Cobalt Cove Cir		
	Naples, Florida 34120		
			
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