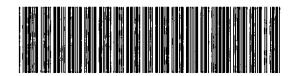
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(D.		
(RE	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	,
(Cit	ty/State/Zip/Phone	e #)
		<b>—</b>
☐ PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
	_	
Special Instructions to	Filing Officer:	

Office Use Only



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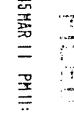
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7 TODO CONT

2015 MAR | | PM | |: 16

MAR 17 2015 J. HARRIS



## **COVER LETTER**

TO:	Registration Division of C					
SUBJ	IECT. SEVE	NTH SENSE INC				
SOB	,BC I ,	(Name	of Resulting Florida	Limite	ed Company)	
					nd fees are submitted to convert an "accordance with s. 605.1045, F.S.	Other
Please	e return all corr	respondence concernin	g this matter to:			
ALB	ERTO GUZM	AN				
		(Contact Person)				
GUZ	MAN & GUZN	ΛΑΝ P.A.				
		(Firm/Company)				
9130	S DADELAN	ID BLVD STE 1509				
		(Address)				
MIAI	MI FL, 33156					
	(	City, State and Zip Code)				
AGU	ZMAN@GUZ	MANANDGUZMAN.	.COM			
E-r	nail Address: (to l	be used for future annual re	port notifications)			
For fu	ırther informati	ion concerning this ma	tter, please call:			
ALB	ERTO GUZM	AN	_at (305	\670	-1991	
	(Name of Conta	act Person)	(Area Code)	) (Day	ytime Telephone Number)	
Enclo	sed is a check t	for the following amou	int:			
(\$25 fc & \$125	0.00 Filing Fees or Conversion 5 for Articles anization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
Regis	EET ADDRES tration Section on of Corporat		Registra	ation (	ADDRESS: Section Corporations	

P. O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 4, 2015

ALBERTO GUZMAN GUZMAN & GUZMAN P.A. 9130 S DADELAND BLVD STE 1509 MIAMI, FL 33156

SUBJECT: SEVENTH SENSE LLC Ref. Number: W15000008154

We have received your document for SEVENTH SENSE 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):

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 filing 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.

Jenna D Harris Regulatory Specialist II

Letter Number: 515A00002300

2015 MAR | | PM | | 16

## **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:  SEVENTH SENSE INC  P13000040935
(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
05/07/2013 (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:
SEVENTH SENSE 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 all applicable statutes.

Page 1 of 2

2015 MAR | | PM | | 16

Signed this Hth day of JANUARY	20 15
Signature of Authorized Representative	of Limited Liability Company:
Signature of Authorized Representative:	
Printed Name:	Title:
Signature(s) on behalf of Other Business E	ntity: [See below for required signature(s).]
Signature:	
Printed Name: MATEO, HERNAN	Title: P
Signature:	
Printed Name:	Title:
Printed Name:	Title:
Printed Name:	Title:
Signature:	Title:
Printed Name:	11tte;
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Direct	tor, or Officer.
If Directors or Officers have not been selected,	
If Florida General Partnership or Limited I	Jahility Partnership
Signature of one General Partner.	amount a st motombi
<b>****</b>	
If Florida Limited Partnership or Limited I	iability Limited Partnership:
Signatures of <u>ALL</u> General Partners.	

All others: Signature of an authorized person.

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADT	ואו	To a	N.	T	
ART	ILL	ara i	- 1	am	e:

The name of the Limited Liability Company is:

#### SEVENTH SENSE 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:** 

1870 NW SOUTH RIVER DRIVE

MIAMI FL, 33125

1870 NW SOUTH RIVER DRIVE MIAMI FL, 33125

#### 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:

**GUZMAN & GUZMAN P.A.** 

Name

9130 S DADELAND BLVD STE 1509

Florida street address (P.O. Box NOT acceptable)

MIAMI

FL 33156

City

Zip

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 Standard (REQUIRED

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	MATEO HEDNAM
MGR	MATEO, HERNAN 1870 NW SOUTH RIVER DRIVE
	MIAMI, FL 33125
	7777 7711, 1 2 00 120
<del></del>	
(Use attachment if necessary)	
TICLE V: Effective date, if other than the an effective date is listed, the date must be	date of filing: (OPTIONAL) be specific and cannot be more than five business days
TICLE V: Effective date, if other than the an effective date is listed, the date must be 90 days after the date of filing.)	date of filing: (OPTIONAL) be specific and cannot be more than five business days
TICLE V: Effective date, if other than the an effective date is listed, the date must be 90 days after the date of filing.)	date of filing: (OPTIONAL) be specific and cannot be more than five business days
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TICLE V: Effective date, if other than the an effective date is listed, the date must be 90 days after the date of filing.) TICLE VI: Other provisions, if any.	date of filing: (OPTIONAL) be specific and cannot be more than five business days
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TICLE V: Effective date, if other than the an effective date is listed, the date must be 190 days after the date of filing.)  TICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member (In accordance with section 605.0203 (1) constitutes an affirmation under the penal I am aware that any false information sub constitutes a third degree felony as provided.	be specific and cannot be more than five business days  or an authorized representative of a member.  (b), Florida Statutes, the execution of this document lities of perjury that the facts stated herein are true,  omitted in a document to the Department of State ded for in s.817.155, F.S.)
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The name and address of each person authorized to manage and control the Limited Liability

ARTICLE IV-