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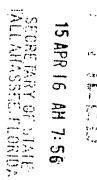
| 114-4022 |
|---|
| (Requestor's Name) |
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: | Registration S Division of C | | | | | | |
|----------------|--|---|--------|---------------------------------------|-------|---|-----|
| SUB | JECT: Mamar | ne Law LLC | | | | | |
| | <u></u> | | of Re | sulting Florida | Limit | ed Company) | |
| | | | | | | nd fees are submitted to convert an "Ot accordance with s. 605.1045, F.S. | her |
| Pleas | se return all corr | espondence concernin | g thi | s matter to: | | | |
| Isaa | c Mamane, Es | q. | | | | | |
| | | (Contact Person) | | | | | |
| Man | nane Law LLC | | | | | | |
| | | (Firm/Company) | | | | | |
| 1150 | Kane Conco | ırse, Floor 2 | | | | | |
| | | (Address) | | | | | |
| Bay | Harbor Islands | s, Florida 33154 | | | | | |
| | ((| City, State and Zip Code) | | | | | |
| Man | nane@gmail.co | om | | | | | |
| \ E- | mail Address: (to b | e used for future annual re | port r | notifications) | | | |
| For fi | urther information | on concerning this ma | tter, | please call: | | | |
| Isaa | c Mamane, Es | q. | at . | (786 | 704 | -8898 | |
| - | (Name of Conta | ct Person) | | (Area Code) | (Day | ytime Telephone Number) | |
| Enclo | osed is a check f | or the following amou | nt: | | | | |
| (\$25 for \$12 | 50.00 Filing Fees or Conversion 5 for Articles anization) | □\$155.00 Filing Fees and Certificate of Status | | \$180.00 Filing I I Certified Copy | | ☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status | |
| | EET ADDRESS | S: | | | | ADDRESS: | |
| _ | stration Section | · | | Registra | | | |
| | ion of Corporati on Building | OHS | | P. O. Bo | | Corporations 27 | |
| | Executive Center | er Circle | | | | FL 32314 | |

Tallahassee, FL 32301

Articles of Conversion For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

| Statutes. | | |
|---|---|--------------------------|
| 1. The name of the "Other Business Entity" Law Office of Isaac Mamane PA | " immediately prior to the filing of the Artic | cles of Conversion is: |
| | of Other Business Entity) | _ |
| 2. The "Other Business Entity" is a Corpo | | · |
| | atity type. Example: corporation, limited partnershi ral partnership, common law or business trust. etc.) | p, |
| First organized, formed or incorporated und | ler the laws of Florida | |
| on 11/3/2014 | (Enter state, or if a non-U.S. entity, the | ne name of the country) |
| (date of organization, formation or incorporation | n) | |
| 3. The name of the Florida Limited Liabilit Mamane Law LLC | ty Company as set forth in the attached Ar | ticles of Organization: |
| | a Limited Liability Company) | _· |
| 4. If not effective on the date of filing, ente | or the affective date. | |
| (The effective date: 1) cannot be prior to date this document is filed by the Florida date listed in the attached Articles of Org | date of receipt or filed date nor more the Department of State; <u>AND</u> 2) must be the | he same as the effective |
| 5. The plan of conversion has been approve | d in accordance with all applicable statutes | |
| | Page 1 of 2 | APR 16 A |

| Signed this 13 day of April | _20 <u>_15</u> |
|---|------------------------|
| Signature of Authorized Representative of Limit | ed Liability Company: |
| Signature of Authorized Representative: Printed Name: Isaac Mamane, Esq. | Title: managing member |
| Signature(s) on behalf of Other Business Entity: [S | |
| - | |
| Signature:Printed Name: | Title: |
| Signature: | |
| Signature:Printed Name: | Title: |
| Signature: | |
| Printed Name: | _Title: |
| Signature: | |
| Printed Name: | _ Title: |
| Signature: | |
| Printed Name: | Title: |
| Signature | |
| Signature:Printed Name: | Title: |
| If Florida Corporation: | |
| Signature of Chairman, Vice Chairman, Director, or O | |
| If Directors or Officers have not been selected, an Inco | orporator must sign. |
| If Florida General Partnership or Limited Liability | Partnership: |
| Signature of one General Partner. | |
| If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners. | Limited Partnership: |

Articles of Conversion: Fees for Florida Articles of Organization: \$25.00

\$125.00

All others: Signature of an authorized person.

Fees:

\$30.00 (Optional)

Certified Copy: Certificate of Status:

\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

| Ma | mar | ne l | ∟aw∣ | 11 | C |
|------|------|------|------|----|---|
| IVIC | HICH | | | | • |

(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:

1150 Kane Concourse, Second Floor Bay Harbor Islands, Florida 33154 1150 Kane Concourse

Second Floor

Bay Harbor Islands, FL 33154

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:

Isaac Mamane, Esq.

Name

1150 Kane Concourse, Second Floor

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

Bay Harbor Islands

FL 33154

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 Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: |
|---|--|
| "MGR" = Manager | 1150 Kana Canaguras, Speed Floor |
| MGR | 1150 Kane Concourse, Second Floor Bay Harbor Islands, Florida 33154 |
| | Day Harbor Islands, Honda 00104 |
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| CLE V: Effective date, if other than the offective date is listed, the date must days after the date of filing.) | |
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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.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a membe | er or an authorized representative of a member. |
| 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 member. 1) (b), Florida Statutes, the execution of this documents. |
| 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 (nstitutes an affirmation under the pens | er or an authorized representative of a member. 1) (b), Florida Statutes, the execution of this document alties of perjury that the facts stated herein are true. |
| 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 (nstitutes an affirmation under the pens | er or an authorized representative of a member. 1) (b), Florida Statutes, the execution of this document alties of perjury that the facts stated herein are true. abmitted in a document to the Department of State ided for in s.817.155, F.S.) |
| 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 (nstitutes an affirmation under the pensaware that any false information sunstitutes a third degree felony as prov | er or an authorized representative of a member. 1) (b), Florida Statutes, the execution of this document alties of perjury that the facts stated herein are true. abmitted in a document to the Department of State ided for in s.817.155, F.S.) |
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ARTICLE IV-