L15000109188

(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:

Office Use Only



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2015 MAY 10 PH 3: 41

W15-32440

JUN 2 6 2015 Y SULKER

COVER LETTER

Division of C			
SUBJECT: CISMA	RT.LLC		
<u></u>	(Name	of Resulting Florida Limite	d Company)
			d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g this matter to:	
MARIA CECILIA C	ASTELLANOS		
	(Contact Person)		
CISMART.INC			
	(Firm/Company)		
5860 W SAMPLE I	RD		
	(Address)		
APT 202			
((City, State and Zip Code)		
CORAL SPRINGS	FL 33067		
E-mail Address: (to b	e used for future annual re	port notifications)	
For further information	on concerning this ma	tter, please call:	
MARIA CECILIA C	ASTELLANOS	_at (786)315	-0984
(Name of Conta	ct Person)	(Area Code) (Day	time Telephone Number)
Enclosed is a check f	or 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
STREET ADDRESS	S:	MAILING A	ADDRESS:
Registration Section		Registration	
Division of Corporati	ions	Division of C P. O. Box 63	
Clifton Building 2661 Executive Cent	er Circle	Tallahassee,	
Tallahassee, FL 323			



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 7, 2015

MARIA CECILIA CASTELLANOS 5860 W SAMPLE RD APT 202 CORAL SPRINGS, FL 33067

SUBJECT: CISMART. LLC Ref. Number: W15000032440

We have received your document for CISMART. LLC and your check(s) totaling \$150.00. However, the document has not been filed and is being retained in this office for the following:

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.

Because your document was received in this office prior to May 2 when the \$400 late fee went into effect, please return to sunbiz.org to file the annual report and submit payment by voucher with a check minus the \$400 late.

Please return 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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 215A00009549

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 o CISMART.INC P\ \(\bigcup_{\text{ODO}} \ogenapsis 39 \overline{+} \ogenapsis 6 \) (Enter Name of Other Business Entity)	f Conve	rsion is	;:
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 MAY 02, 2014 on (Enter state, or if a non-U.S. entity, the name (date of organization, formation or incorporation)			
3. The name of the Florida Limited Liability Company as set forth in the attached Articles	of Orga	anizati	on:
CISMART.LLC		20	
(Enter Name of Florida Limited Liability Company)		2015 HAY	• heegy to
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 date this document is filed by the Florida Department of State; AND 2) must be the sai	days a me as th	fter the	e i
date listed in the attached Articles of Organization, if an effective date is listed therein.		ယ္	је - " _э ,
5. The plan of conversion has been approved in accordance with all applicable statutes.	4.5	4 . ····································	

•			
Signed this 24	day of APRIL	29.15	<i>7</i> .
Signature of Author	ized Representative of	Limited Liability C	ompany:///
	ed Representative:		
Printed Name: MARIA	CASTELLA CASTELLA	NOS Title: AMBR	
Signature(s) on behalf	f of Other Business Ent	it: [See below for re	equired signature(s).]
Signature:	CECILIA CASTELLA		
Printed Nam MARIA	CECILIA CASTELLA	NOS Title: PRESI	DENT
/	`		
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
Signature:			<u></u>
Printed Name:		Title:	
Printed Name:		Title:	
Signature:	<u></u>		
Printed Name:	<u></u>	Title:	
	n: Vice Chairman, Directo have not been selected, a		
ii Directors of Officers	nave not oven selected, a	m meorporator must s	igii.
	rtnership or Limited Li	ability Partnership:	
Signature of one Genera	al Partner.		
If Florida Limited Par Signatures of ALL Gen	tnership or Limited Listeral Partners.	ability Limited Partn	ership:
All others:	rad narcan		

Fees:

Articles of Conversion:

Certificate of Status:

Certified Copy:

Fees for Florida Articles of Organization:

Page 2 of 2

\$25.00

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
CISMART.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 prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5860 W SAMPLE RD APT 202 CORAL SPRINGS FL 33067	P.O. BOX 450954 FORT LAUDERDALE FL 33345
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ed Agent. You must designate an individual or another
The name and the Florida street address of the re-	gistered agent are:
MARIA CECILIA CASTEL	LANOS 🔀 🛱
Name	202 Box NOT acceptable)
5860 W SAMPLE RD APT	202
Florida street address (P.O.	Box NOT acceptable)
CORAL SPRINGS	ـــــ ـــــ برئشر ۴L 33007
City	Zip S
liability company at the place designated in t registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all afformance of my fluties, and I am familiar with and stered agenty as provided for in Chapter 605, F.S

(CONTINUED)
Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	MARAI CECILIA CASTELLANOS
	5860 W SAMPLE RD APT 202
	CORAL SPRINGS FL 33067
MGR	ISMA WARD
	5860 W SAMPLE RD APT 202
	CORAL SPRINGS FL 33067
	
(Use attachment if necessary)	
•	The .
LE V: Effective date, if other than the	e date of filing:

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)