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(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:

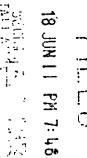
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COVER LETTER

TO: New Filing Section Division of Corpora	tions				
SUBJECT: 3	BRICKE	LTTBS	ipany) LLC		
The enclosed Articles of Co Business Entity" into a "Flo					*Other
Please return all correspond	ence concerning t	this matter to:			
JILBERTO	R. I	GUIERD	0		
SI BRICKEL	tact Person)	BERILLO	<u> </u>		
PO BOX 56	5746				
MIAMI	Address) Land Zip Code) Or future annual report	3256 Office, d	.0m	ALL AND T	18 JUN 1 1
For further information con- STLPSERTO R. T. (Name of Contact Person	ZG ITERD	at (<u>305)</u> 70	14-8404 time Telephone Number)	:	PM 7: 48
Enclosed is a check for the dollars and drawn on a bank			sed by this office must be	e payable i	n US
•	ertificate of a	□\$180,00 Filing Fees and Certified Copy	25185,00 Filing Fees, Certified Copy, and Certificate of Status		
STREET ADDRESS: New Filing Section Division of Corporations		MAILING A New Filing S Division of C	ection		

P. O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle 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.

The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: BATCKELL DEF PIGCO 3334 L (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 FLORTDA
on 4 2 2 4 6 (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: 3. BRTCKELL TIBER, L. C. (Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
5. The plan of conversion has been approved in accordance with all applicable statutes.
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to

which such members are entitled under ss. 605,1006 and 605,1061-605,1072. F.S.



The second secon	,
Signed this 5^{th} day of 5^{th}	20
Signature of Authorized Representative of Lim	
Signature of Authorized Representative:	The MANAGER
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Printed Name OT BERTO R. TRUTER	WTitle: PRESTDENT/DIRECTOR
Signature:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	Officer.
<u>If Florida General Partnership or Limited Liabili</u> Signature of one General Partner.	ity Partnership:

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized person.

Fees:

Articles of Conversion:

\$25.00

Fees for Florida Articles of Organization:

\$125.00

Certified Copy:

\$30.00 (Optional)

Certificate of Status:

\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	1	-	Name	•		
	-					

The name of the Limited Liability Company is:

3 BRICKELL TBER L. (Must contain the words "Limited Liability Company, "L.I. C.," or "L.C.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
1471 S.W. 104 STREET	PO BOX
ntarnt, FC 33176	5657.46
	mtam +, FC 33256

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:

STUBERTO R. TZQUTERDO

Name

Name

OH STREET

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

TAMF

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. Thereby 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)

Company:	
<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	GILBERTO R. TayutER
MBR	MEAM T, FL 33256 MARTA C. TZQUTERDO 7448 S.W. 104 STREET MEAMETIFL 33156
(Use attachment if necessary)	
·	
(Use attachment if necessary) LE V: Other provisions, if any.	
·	Aip Ai
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance.	or an authorized representative of a member nee with section 605.0203 (1) (b). Florida Statutes, I am aware that accument to the Department of State constitutes a third degree felony
REQUIRED SIGNATURE: Signature of a member of this document is executed in accordar any talse information submitted in a document of the provided for in s.817.155, F.S.	nce with section 605.0203 (1) (b). Florida Statutes, I am aware that ocument to the Department of State constitutes a third degree felony
REQUIRED SIGNATURE: Signature of a member of this document is executed in accordar any talse information submitted in a document of the provided for in s.817.155, F.S.	Typed or printed name of signee
REQUIRED SIGNATURE: Signature of a member of any false information submitted in a do as provided for in s.817.155, F.S.	Typed or printed name of signee Filing Fees s of Organization and Designation of Registered Agent

The name and address of each person authorized to manage and control the Limited Liability

ARTICLE IV-