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(Reque	stor's Name)		
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PICK-UP	WAIT	MAIL	
(Busine	ess Entity Name	·)	
(Document Number)			
Certified Copies	Certificates o	f Status	
Special Instructions to Filing Officer:			

Office Use Only



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D. BRUCE APR 14 2009 EXAMINER

COVER LETTER

TO:	Registration Division of C			···
SUBJI	ECT:		omers Support Se	
conver	t an "Other B		-	, and fees are submitted to tion" in accordance with s.
607.11	15, F.S.			1 PA 24
Please	return all corr	espondence concernin	g this matter to:	
Bibiana	Martorell	(Contact Person)		•
		(Contact Ferson)		
South I	Dade Customer	s Support Services,Inc.		Žv n
		(Firm/Company)		£6 2
				<u> </u>
Ро Вох	260155			SAR -3
		(Address)		mo T
Miami,	FI 33126			8E 3
	(City, State and Zip Code)		S M =
For fur	ther informati	on concerning this ma	tter, please call:	
Gudeli	o Fundora		at (786) 797	-2383
		ntact Person)	/////	ytime Telephone Number)
Enclos	ed is a check	for the following amou	ont:	
☑ \$105.	00 Filing Fees	□ \$113.75 Filing Fees and Certificate of Status	\$113.75 Filing Fees and Certified Copy	☐ \$122.50 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS:		MAILING A	ADDRESS:	
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
Clifton Building		P. O. Box 6327		
2661 Executive Center Circle		Tallahassee, FL 32314		

Tallahassee, FL 32301

Certificate of Conversion For "Other Business Entity" Into Florida Profit Corporation

This Certificate of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
 .
South Dade Customers Support Services, LLC.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Company 10700013547
(Enter entity type. Example: limited liability company, limited partnership, sole
proprietorship, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of Florida
(Enter state, or if a non-U.S. entity, the name of the country)
on_02/05/2007 : 💮
(Enter date "Other Business Entity" was first organized, formed or incorporated)
3. If the jurisdiction of the "Other Business Entity" was changed, the state or countries der laws of which it is now organized, formed or incorporated:
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u>
South Dade Customers Support Services,Inc.
(Enter Name of Florida Profit Corporation)
5. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to nor more than 90 days after the date this
document is filed by the Florida Department of State; <u>AND</u> 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

Signed this 8 day of April	, 20_09				
Required Signature for Florida Profit Corporation:					
Signature of Chairman, Vice Chairman, Director, been selected, an Incorporator: Printed Name: Bibiana Martorell Title:	Officer, or, if Directors or Officers have not Director				
Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]					
Signature: Printed Name: Bibliana Martorell	Title: MGR				
Signature:Printed Name:					
Signature:Printed Name:					
Signature:Printed Name:	_Title:				
Signature:Printed Name:	Title:				
Signature:Printed Name:	<u> </u>				
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.					
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.					
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.					
All others: Signature of an authorized person.					
Fees: Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)				

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

South Dade Customers Support Services,Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 8145 NW 7 Street Miami, FI 33126

Po Box 260155 Miami, FI 33126

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Professional Corporation

ARTICLE IV SHARES

The number of shares of stock is: One Thousand (1000)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

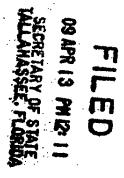
List name(s), address(es) and specific title(s):
Bibiana Martorell (Director)
616 NW 26 Ave # 406 Miami, FI 33125

Po Box 350055 Miami, FI 33135

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Bibiana Martorell 616 NW 26 Ave # 406 Miami, FL 33125



ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Bibiana Martorell Po Box 350055 Miami,FI 33135

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am fundilar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator

04/08/2009

Date

04/08/2009

Date

FILED MARIS MIDII