P11000023515

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

Office Use Only



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03/10/11--01003--025 **35.00

03/10/11--01003--026 **78.75

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B. KOHR
MAR 1 0 2011
EXAMINER

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FILED SECRETARY OF STATE ONVISION OF CORPORATION

LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

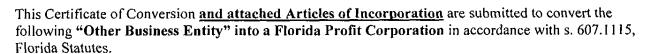
MIAMI, FL 33165 (305) 552-5973

THEORY STATIONS

		Office Use Only
DRPORATION NAME(S) & DOC	JMENT NUMBER(S), ((if known):
FULL GREEN (Corporation Name)	(Document #)	E LCC
•		•
(Corporation Name)	(Document #)	
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(Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	
Walk in Pick up time	2.00	Certified Copy
Mail out Will wait	Photocopy	Certificate of Status
EW FILINGS	AMENDMENTS	
Profit Not for Profit	Amendment Description of P. A. Officer/Directors	
Limited Liability	Resignation of R.A., Officer/Director Change of Registered Agent	
Domestication Other convesion	☐ Dissolution/W☐ Merger	
OTHER FILINGS	REGISTRATION	/QUALIFICATION
Annual Report	Foreign	
→ Fictitious Name	Limited Partner Reinstatement	_
· .	Trademark Other	•
		TD
2002100	•	Examiner's Initials

Certificate of Conversion For "Other Business Entity" Into

Florida Profit Corporation



1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of
1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
FUIL GREEN CIRCLE LLC.
Enter Name of Other Business Entity
2. The "Other Business Entity" is a Limited Liability Company (Enter entity type. Example: limited liability company, limited partnership, 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)
n 12-06-2005
on 12-06-2005 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 country under the laws of which it is now organized, formed or incorporated: FLORIDA.
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u> : FULL GREN CIRCLE CORP. Enter Name of Florida Profit Corporation
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; AND 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)
6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.607.1115, F.S., in effecting the conversion.
7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is

currently organized, formed or incorporated.

Signed this 9 day of March	, 20 11 .			
Required Signature for Florida Profit Corporate Individual signing affirms that the facts stated in the a third degree felony as provided for in s.817.155, in the state of the second s	is document are true. Any false information constitutes			
Signature of Chairman, Vice Chairman, Director, C selected, an Incorporator: Printed Name: 105e L. Prendes,	Officer, or, if Directors or Officers have not been			
Required Signature(s) on behalf of Other Business Entity: Individual(s) signing affirm(s) that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S. [See below for required signature(s).] Signature: Printed Name: JOSC L. PRENDES Title: PRESIDENT				
Printed Name: 1030 E. TRETTO				
Signature: Printed Name:	Title:			
Signature:Printed Name:	Title:			
Signature:Printed Name:	Title:			
Signature:Printed Name:	Title:			
Signature:Printed Name:	Title:			
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.				
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:			
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

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

Full GREEN CIRCLE CORP

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

11801 NW 100 Rd SUITE4 Medley FL 33178

ARTICLE III – SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Jose L. Prendes 11801 NW 100 RD SUITE 4 MEDIEY FL 33178

ARTICLE V - INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

Jose L. Prendes

11801 NW 100 RD SUITE 4

MEDIEY FL 33178

The undersigned incorporator has executed these Articles of Incorporation this

B day of March 20 //.

ARTICLE VI- DIRECTOR (S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

Jose L. PRENdES (P)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position/as Registered Agent.

Registered Agent Signature