# P11000046362

(Requestor's Name)			
(Address)			
(Address)			
(1881055)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
•			
(Business Entity Name)			
1/1/8078			
(Document Number)			
,			
Certified Copies Certificates of Status			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
VA. LUNT			
M. LUNT			
MAV 1.6.2040			
MAY 1 6 2010			
EXAMINER			
- A MAINALLY			

Office Use Only



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03/10/11--01009--014 \*\*113.75





March 14, 2011

DANIEL BURAGLIA 1680 MICHIGAN AVE. SUITE 100 MIAMI BEACH, FL 33179

SUBJECT: ORIGENES CORP. Ref. Number: W11000014512

We have received your document for ORIGENES CORP. and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with 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) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 811A00006190

### **COVER LETTER**

**TO:** Registration Section

Tallahassee, FL 32301

Division of C	Corporations						
SUBJECT: ORIGE	ENES LLC						
Sebole 1	Name of F	Resulting Florida Pro	fit Cor	poration			
	cate of Conversion, Arity" into a "Florida Pro	•					an
Please return all corr	respondence concernin	g this matter to:					
DANIEL BURAGL	IA		_				
	Contact Person						
ORIGENES LLC			_				
	Firm/Company		•			2011	
1680 MICHIGAN A	VE SUITE 100		_		LAH.	2011 HAY 12	
	Address				Sin	2	1
MIAMI BEACH, FI			_		西岛	AM 11: 24	Come of
C	City, State and Zip Code					: 2	
catellez1@hotma	ail com				T <sub>a</sub> ,	#	
E-mail address: (to	be used for future annual r	eport notification)					
For further informati	on concerning this ma	tter, please call:					
CESAR A. TELLEZ		at ( 786	624	-8506			
Name of Con	ntact Person		d Daytir	me Telephone Number			
Enclosed is a check f	for the following amou	int:					
□ \$105.00 Filing Fees	✓\$113.75 Filing Fees and Certificate of Status	■\$113.75 Filing and Certified Cop		□\$122.50 Filing Fees, Certified Copy, and Certificate of Status			
STREET ADDRES Registration Section Division of Corporat Clifton Building	<del></del>	Registra	ation S n of C	orporations			
2661 Executive Cent	er Circle			FL 32314			

### **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 Certi Conversion is:	ficate 产货	-	
ORIGENES LLC	AP.	OII MAY 12	1
Enter Name of Other Business Entity	(S)	12	- Parish
2. The "Other Business Entity" is a LLC	<u> </u>	A	
(Enter entity type. Example: limited liability company, limited partners general partnership, common law or business trust, etc.)	hip,	AM 11: 24	P
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 10/21/2010			
Enter date "Other Business Entity" was first organized, formed or incorpo	 rated		
which it is now organized, formed or incorporated:  N/A  4. The name of the Florida Profit Corporation as set forth in the attached Articles of Ir	·	ration	1.
•	icoi po	ri ation	<u>i•</u>
ORIGENES CORP	•		
Enter Name of Florida Profit Corporation			
5. If not effective on the date of filing, enter the effective date: 03/03/2011 (The effective date: 1) cannot be prior to nor more than 90 days after the date this filed by the Florida Department of State; AND 2) must be the same as the effective 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 ent conversion complies with such law(s) and the requirements of s.607.1115, F.S., in effect 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 03 day of MARCH	, 20_11
a third degree felony as provided for in s.817,155,	is document are true. Any false information constitutes
Signature of Chairman, Vice Chairman, Director, selected, an Incorporator: Printed Name: DANIEL	officer, or, if Directors or Officers have not been
stated in this document are true. Any false informal s.817.155, F.S. [See below for required signature(s).	
Signature: Printed Name: DANIEL C. BURAGLIA	
Signature: TOMA A. E. Printed Name: JOHN M. ESCOBAR	_ Title: MGRM
Signature:Printed Name:	Title: MGRM  Title: SSE 7
Signature: Printed Name:	Title:
Signature:Printed Name:	_Title:
Signature: Printed Name:	_ Title:
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:
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**In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the o	NAME ORIGENES CORP		
ARTICLE II	PRINCIPAL OFFICE Principal street address 1680 MICHIGAN AVE SUITE 100 MIAMI BEACH, FL 33139	_N/A	Mailing address, if different is:
	<b>PURPOSE</b> which the corporation is organized is: LL LAWFUL BUSINESS		ZUILHAY 12 A
ARTICLE IV The number of sh	SHARES ares of stock is:1000 @ 1.00 PAR VAL	JE	The same of the sa
ARTICLE V Name and 1 Address:	INITIAL OFFICERS AND/OR DIRECTION OF THE STATE OF T	Name and Tit  Address:	The state of the s
Name and 1 Address:	Fitle: JOHN M. ESCOBAR VICE PRESIDE 1680 MICHIGAN AVE SUITE 19 MIAMI BEACH, FL 33139	O Address:	
Name and Taddress:	Title:	Address:	ile:
	REGISTERED AGENT  orida street address (P.O. Box NOT acceptab  CESAR TELLEZ  777 NW 72 AVE SUITE 3159  MIAMI, FL 33126		gent is:
ARTICLE VII The <u>name and ad</u> Name: Address:	·		
Having been nan this certificate, I a	ned as registered agent to accept service of pr im familiar with and accept the appointment a	cess for the above s registered agent and	stated corporation at the place designated in d agree to act in this capacity
	Required Signature/Registered Agent		<u>04-14- 201</u> 1 Date
I submit this docu document to the E	ument and affirm that the facts stated perein Department of State constitutes a third degree f	are prue. I am awa lony as provided for	re that the false information submitted in a