# P1300019554

(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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#### 1000 Ponce de Leon Blvd. Suite: 105 Coral Gables, FL 33134

Phone: 305-444-4994 Email: filing@ecfsfiling.com

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E- THIN	aks L-C	L120	00070053
(CORFORATE MAME)		(00	CUMENT #)
E. (COPPOPATE NAME)		(00)	CUNIENT #)
3 (CORPORATE MAME)		(00)	DUAMENT =)
_ Walk-In	Pick up time:	ints & Swel	ি Certificate Of Status
Profit	Amendment		Annual Report
Non-Profit	Resignation		Fictious Name
Other: CONVERTION LUC > INC	Dissolution/v Other:	Vithdrawal	Apost#e:
	<b>'</b>	:	Other.



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 22, 2013

EXPRESS \*\*\*WALK-IN\*\*\*

SUBJECT: E-THINKS LLC Ref. Number: W13000010806 RECEIVED

RECEIV

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

Sections 607.1113, 608.4403, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by a member or an authorized representative of a member. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

Please return the corrected original and one copy of 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) 245-6052.

Ruby Dunlap Regulatory Specialist II New Filing Section

Letter Number: 313A00004331

### FILED 13 FEB 27 PM 2: 19

Certificate of Conversion
For

"Other Business Entity"
Into

SECRETARY OF STATES

Florida Profit Corporation

This Certificate of Conversion and attached Articles of Incorporation 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:
E-THINKS LLC 2120000 70053
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)
<sub>on</sub> 5/24/2012
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:
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:
E-THINKS, 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; AND 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

# FILED 13 FEB 27 PM 2: 19

Signed this 18TH day of FEBRUARY	. 20 13 SECRETARY OF
Required Signature for Florida Profit Corporati	
Signature of Chairman, Vice Chairman, Director, C been selected, an Incorporator: X Printed Name: BEKER DAVILA	Officer, or, if Directors or Officers have not
Required Signature(s) on behalf of Other Business	Entity: [See below for required
signature(s).]	
Signature: Printed Name: BERS DAMA	Title: MANAGING MEMBER
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	_ Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	_ Title:
Signature:	
Printed Name:	Title:
<u>If Florida General Partnership or Limited Liabilit</u> Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:
lf Florida Limited Liability Company: Signature of a Member or Authorized Representative	
All others: Signature of an authorized person.	
Fees:	<b>#9.5.00</b>
Certificate of Conversion: Fees for Florida Articles of Incorporation:	\$35.00 \$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status	\$8.75 (Ontional)

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## ARTICLES OF INCORPORATION SEGRETARY OF STATES In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) LLAHASSEE, BLORIDA

The make also	II PRINCIPAL OFFICE	
ı ne princip	al place of business/mailing address is:	
11101 NW 44T	Principal street address H TERRACE	Mailing address, if different is:
DORAL FL 3		
	III PURPOSE	
	e for which the corporation is organized is: /FULL BUSINESS ACTIVITY	
<del> </del>		
· · · · · · · · · · · · · · · · · · ·	The first section is a second of the second	
	IV SHARES 100	
<u> ARTICLE</u>	V INITIAL OFFICERS AND/OR DI	RECTORS
, , , , ,	BEVER DAVULA INDECIDENT	
Name and T	Title: BEKER DAVILA, PRESIDENT	Name and Title:
	(1245 NW 46 Lane	Name and Title:  Address:
	1116:	
Name and T Address: Name and T	(1245 NM 46 Lane	Address:
Address:	(1245 NW 46 Cane DORAL, FL 33178	Address:
Address: Name and T Address:	(1245 NW 46 Cane DORAL, FL 33178	Address:  Name and Title:  Address:
Address: Name and T Address:	(1245 NW 46 Lane DORAL, FL 33178	Address:  Name and Title:  Address:
Address: Name and T Address: Vame and T	(1245 NW 46 Lane DORAL, FL 33178	Address:  Name and Title:  Address:  Name and Title:
Address: Name and T Address: Name and T Address:	ITIE:  (1245 NW 46 Cane  DORAL, FL 33178  Title:  Title:  TREGISTERED AGENT	Address:  Name and Title:  Address:  Name and Title:  Address:
Address: Name and T Address: Name and T Address: Address:	(1245 NW 46 Cane DORAL, FL 33178	Address:  Name and Title:  Address:  Name and Title:  Address:
Address: Name and T Address: Name and T Address:	ITILE:  (1345 NW 46 Lane DORAL, FL 33178  Title:  WI REGISTERED AGENT and Florida street address (P.O. Box NOT acc	Address:  Name and Title:  Address:  Name and Title:  Address:

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Name:	and address of the Incorporator is:  BEKER DAVILA	-SEURETARY OF STARE, FALLAHASSEE, BLUMBA
Address:	1245 NW 46 Lane	
	DORAL, FL 33178	
Having be designated capacity	en named as registered agent to accept service of procinitis certificate, I am familiar with and accept the appoint	cess for the above stated corporation at the plac pintment as registered agent and agree to act in thi
	Required Structure/Registered Agent	Date
I submit t submitted	his document and affirm that the facts stated herein a in a document to the Department of State constitutes a thi	are true. I am aware that any false information ird degree felony as provided for in s.817.155, F.S.
I submit to submitted :	his document and affirm that the facts stated herein a in a document to the Department of State constitutes a thi	are true. I am aware that any false information ini degree felony as provided for in s.817.155, F.S. 2/16/2013