

L060000.58579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

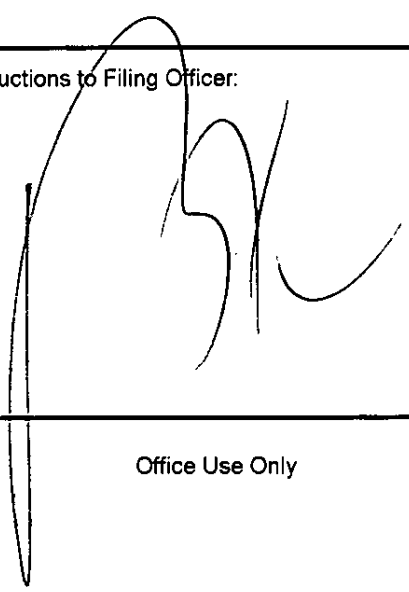
PICK-UP WAIT MAIL

(Business Entity Name)

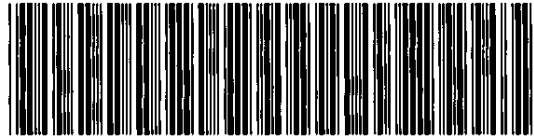
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617106 Gloria

Pedro Donates / The Accounting

Requestor's Name

3971 sw 8th Street # 308

Address

Miami FL 33134

City

State

ZIP

Phone

(305) 461-0047B

VALIDATION ONLY

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CORPORATION(S) NAME

Atlantic Advisory Corporation



Empire Toll Free: 1-800-432-3028

- Profit
- NonProfit
- Foreign
- Limited Partnership
- Reinstatement
- Certified Copy
- Call When Ready
- Walk in
- Amendment
- Dissolution
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- Photo Copies
- Call If Problem
- Will Wait
- Merger
- Mark
- Other **CONVERSION**
- Change of Registered Agent
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Certificate of Conversion
for
Florida Corporation
Into
Florida Limited Liability Company

The Certificate of Conversion and attached Articles of Organization are submitted to convert the following Florida Corporation into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.

1. The name of the Florida Corporation immediately prior to the filing of this Certificate of Conversion is:

PO1000044637

Atlantic Advisory Corporation

2. The other business entity is a **Corporation** first incorporated under the laws of **Florida** on the **3rd day of May, 2001.**
3. The jurisdiction of the Florida Corporation was not changed.
4. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization:**

Atlantic Advisory, LLC

Signed this 7th day of June, 2006



Dario Raul Heiber, Director

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

ATLANTIC ADVISORY, LLC

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, 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 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 608, F.S..

Signature: _____



Registered Agent

REGISTERED AGENT NAME:

Dario Raul Heiber

ADDRESS:

19101 Mystic Pointe Drive, Tower 200, Suite 2411

CITY OF:

AVENTURA

COUNTY OF:

MIAMI-DADE

STATE OF:

FLORIDA