# U24000314645

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	(City/State/Zip/Phone #)	<u>.                                    </u>
· PICK-U	P WAIT	MAIL
·	(Business Entity Name)	<del></del>
<u>-</u>	(Document Number)	
 Certified Copies	Certificates of	Status
Special Instruction	s to Filing Officer	
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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 · Tallahassee, Florida 32301 (850) 224-8870 · 1-800-342-8062 · Fax (850) 222-1222

OPEN HEARTS	LEARNING ABROAD, IN	<u>C.</u>
Please Debit FCA	000000003 For: 150	
Thank you Seth N	feelev	
Step		Art of Inc. File  LTD Partnership File  Foreign Corp. File  L.C. File  Fictitious Name File  Trade/Service Mark
		Fictitious Name File (7):  Trade/Service Mark (7):  Merger File (7):
		Art. of Amend. File
		Dissolution / Withdrawal Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
14	<b>-</b> )/	Officer Search
		Fictitious Search  Fictitious Owner Search
Signature		Vehicle Search
	- <del> </del>	Driving Record
Requested by:		UCC 1 or 3 File
<u> </u>		UCC 11 Search
Name	Date Time	UCC 11 Retrieval
Walk-In		Courier
The state of the s	- a.u.	1

#### Articles of Conversion For

### "Other Business Entity"

Into

#### Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the OPEN HEARTS LEARNING ABROAD, INC.	e Articles of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a Corporation  (Enter entity type. Example: corporation, limited partnership, general partnership	2024 JU
	•
First organized, formed or incorporated under the laws of	ASS 7
(Enter state, or if a non-U.S. of	entity, the name of the country)
June 3, 2004 on .	9:47
on (date of organization, formation or incorporation)	i in 👊
3. The name of the Florida Limited Liability Company as set forth in the attach	ed Articles of Organization:
OPEN HEARTS LEARNING ABROAD, LLC	
(Enter Name of Florida Limited Liability Company)	<u></u> .
4. If not effective on the date of filing, enter the effective date:	
(The effective date: Cannot be prior to date of receipt or filed date nor more the date this document is filed by the Florida Department of State.)	than 90 calendar days after
Note: If the date inserted in this block does not meet the applicable statutory filing requirements document's effective date on the Department of State's records.	this date will not be listed as the
5. The plan of conversion has been approved in accordance with all applicable st	atutes.

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

Fees for Florida Articles of Organization:

Certified Copy:

Certificate of Status:

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the I	Limited Liabi	ility Company is:	:		
OPEN HEARTS LE	- -ARNING ABF	ROAD LLC			
			ty Company, "L.L.C.," or "LLC	C.")	
ARTICLE II - A The mailing addre		address of the p	rincipal office of the Li	mited Liability Compa	.ny is:
Principal Office	Address:		Mailing Address:		
999 BRICKELL BA	Y DRIVE		999 BRICKELL BAY [	DRIVE	
APT 303A			APT 303A	2	
MIAMI, FL 33131			MIAMI, FL 33131	024    127	
The name and the	AGI REGIS	et address of the I TERED AGENTS. Nam KELL AVENUE, SI	e	AM 9: 47 ELE, EL	
			). Box <u>NOT</u> acceptable	)	
	MIAMI		FL 33131		
		City	Zip	_	
liability com registered agen statutes relatii	pany at the pi t and agree to ng to the prop	lace designated in act in this capac per and complete	o accept service of proc n this certificate, I hereb city. I further agree to co performance of my dutio gistered agent as provia	y accept the appointme omply with the provisio es, and I am familiar wi	nt as ns of all th and
		/s/ Robert R. Ada	ams		
	Registo	ered Agent's Sign	nature (REQUIRED)	<del></del>	

(CONTINUED)

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The name and address of each person authorized to manage and control the Limited Liability Company:

"MGR" = Manager MGR  JENNY NIEVEEN  999 BRICKELL BAY DRIVE, APT 303A MIAMI, FL 33131  WYVES PARADIS  999 BRICKELL BAY DRIVE, APT 303A MIAMI, FL 33131  (Use attachment if necessary)  LE V: Other provisions, if any.  REQUIRED SIGNATURE:  /// // // // // // // // // // // // /	Title:	Name and Address:
MGR  JENNY NIEVEEN  999 BRICKELL BAY DRIVE, APT 303A  MIAMI, FL 33131  MGR  YVES PARADIS  999 BRICKELL BAY DRIVE, APT 303A  MIAMI, FL 33131  (Use attachment if necessary)  LE V: Other provisions, if any.  REQUIRED SIGNATURE:  /s/ Robert R. Adams  Signature of a member or an authorized representative of a member  This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware any false information submitted in a document to the Department of State constitutes a third degree if as provided for in s.817.155, F.S.  Robert R. Adams, Authorized Representative  Typed or printed name of signee	"AMBR" = Authorized Member	
### SIGNATURE:  ### // Is/# Robert R. Adams    Signature of a member or an authorized representative of a member as provided for in s.817.155, F.S.    Robert R. Adams, Authorized Representative and authorized representative a third degree for a provided for in s.817.155, F.S.    Robert R. Adams, Authorized Representative and authorized representative a third degree for a provided for in s.817.155, F.S.    Robert R. Adams, Authorized Representative and authorized representative a third degree for a provided for in s.817.155, F.S.    Robert R. Adams, Authorized Representative Typed or printed name of signee   Typ		ICANAN ANGLICA
MIAMI, FL 33131  YVES PARADIS  999 BRICKELL BAY DRIVE, APT 303A  MIAMI, FL 33131  (Use attachment if necessary)  LE V: Other provisions, if any.  REQUIRED SIGNATURE:  /s/ Robert R. Adams  Signature of a member or an authorized representative of a member  This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware any false information submitted in a document to the Department of State constitutes a third degree fa as provided for in s.817.155, F.S.  Robert R. Adams, Authorized Representative  Typed or printed name of signee	MGR	
WES PARADIS  999 BRICKELL BAY DRIVE, APT 303A  MIAMI, FL 33131  (Use attachment if necessary)  LE V: Other provisions, if any.  REQUIRED SIGNATURE:  /s/ Robert R. Adams  Signature of a member or an authorized representative of a member  This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware any false information submitted in a document to the Department of State constitutes a third degree fa sprovided for in s.817.155, F.S.  Robert R. Adams, Authorized Representative  Typed or printed name of signee		
## P99 BRICKELL BAY DRIVE, APT 303A  MIAMI, FL 33131  (Use attachment if necessary)  LE V: Other provisions, if any.  ### REQUIRED SIGNATURE:  ### // /s/ Robert R. Adams  Signature of a member or an authorized representative of a member  This document is executed in accordance with section 605,0203 (1) (b). Florida Statutes, I am aware any false information submitted in a document to the Department of State constitutes a third degree fa sprovided for in s.817.155, F.S.  Robert R. Adams, Authorized Representative  Typed or printed name of signee		MIAMI, FL 33131
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Filing Fees		

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)