# L1800038473S

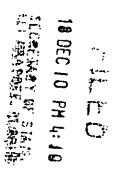
(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO:	New Filing S Division of C				
SUR.	JECT: Adele En	terprises LLC			
001	,		sulting Florida Limi	ed Con	npany)
					d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Pleas	e return all corr	espondence concernin	g this matter to:		
Hecto	r Mestril				
		(Contact Person)		•	
Adele	Enterprises Inc				
		(Firm/Company)		-	
15126	SW 104th ST, Su	ite 409			
		(Address)		-	
Miam	i. FL 33196				
		City, State and Zip Code)		-	
mestr	il@adeleent.com				
E-	mail Address: (to b	e used for future annual re	port notifications)	-	
For fi	urther informati	on concerning this ma	tter, please call:		
Hecto	r Mestril		_at ( 305	395-5	5685
	(Name of Conta	ict Person)		(Day	time Telephone Number)
		or the following amou a bank located in the		rocess	sed by this office must be payable in US
(\$25 fo & \$12	50.00 Filing Fees or Conversion 5 for Articles sanization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
New Divis Clifto 2661	EET ADDRES Filing Section ion of Corporat on Building Executive Cent of Tallahassee, F	ions er	New F Divisio P. O. B	ling S n of C ox 63	Corporations

# **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 Articles of Conversion is: Adele Enterprises Inc.	
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a Corporation	1
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	
First organized, formed or incorporated under the laws of	
01/31/2008 (Enter state, or if a non-U.S. entity, the name of the country)	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization	n:
Adele Enterprises LLC.	
(Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date: 01/01/2019	
(The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 calendar 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 Organization, if an effective date is listed therein.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ocument's effective date on the Department of State's records.	
. The plan of conversion has been approved in accordance with all applicable statutes.	
The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	Ю

Signed this 27	day of <u>November</u>	20_18	
Signature of Auth	orized Representative of	f Limited Liability Company:	
		Ecta Natul	
Printed Name: Hecto	r Mestril	Title: President	<del></del>
-		tity: [See below for required signature(s]	•
Signature:	La Macture	Title: President	
Printed Name: Hecto	r Mestril	Title: President	<del></del>
Signature:		7".1.	
		Title:	
Signature: Printed Name:		Title:	<u> </u>
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:	<del></del>	Title:	
Signature:		Title:	
		1 tile.	
If Florida Corpora Signature of Chairm	<u>tion:</u> ian, Vice Chairman, Direct	or, or Officer.	
If Directors or Offic	ers have not been selected	an Incorporator must sign.	€ <sup>n</sup> &1
If Florida General Signature of one Ge	Partnership or Limited I neral Partner.	Liability Partnership:	18 DEC
If Florida Limited Signatures of ALL		Liability Limited Partnership:	TO PAIN
All others: Signature of an auth	orized person.		10
Pecs:			
Articles of (	Conversion:	\$25.00	

\$125.00

Articles of Conversion:
Fees for Florida Articles of Organization:
Certified Copy:
Certificate of Status: \$30.00 (Optional) \$5.00 (Optional)

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Adele Enterprises LLC.			
(Must	contain the words "Limited Li:	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Add	ress:		
The mailing address	and street address of th	ne principal office of the Limite	d Liability Company is:
Principal Office Ad	ldress:	Mailing Address:	
15126 SW 104th ST # 4	.09	15126 SW 104th ST # 409	
Miami, FL 33196		Miami, FL 33196	
		ered Office, & Registered Age	
(The Limited Liability Conbusiness entity with an act The name and the Fl	npany cannot serve as its own I tive Florida registration.)	ered Office, & Registered Age Registered Agent. You must designate an i	individual or another DEC 10
(The Limited Liability Conbusiness entity with an act The name and the Fl	npany cannot serve as its own F tive Florida registration.) orida street address of t Hector Mestril	Registered Agent. You must designate an i	individual or another DEC 10 PH
(The Limited Liability Conbusiness entity with an action The name and the Fi	npany cannot serve as its own Five Florida registration.)  orida street address of the Hector Mestril  N  15126 SW 104th ST # 409	Registered Agent. You must designate an i	individual or another DEC 10 PH
(The Limited Liability Conbusiness entity with an action The name and the Fi	npany cannot serve as its own Five Florida registration.)  orida street address of the Hector Mestril  N  15126 SW 104th ST # 409	Registered Agent. You must designate an i	individual or another DEC 10 PH
(The Limited Liability Conbusiness entity with an act The name and the Fi	npany cannot serve as its own Five Florida registration.)  orida street address of the Hector Mestril  N  15126 SW 104th ST # 409	Registered Agent. You must designate an i	individual or another DEC 10 PH

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 605. F.S.

Registered Agent's Signature (REQUIRED)

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Hector Mestril
	15126 SW 104th ST # 409
	Miami, FL 33196
	مين مين مارين
<del></del>	
	#1 <del></del>
	an the date of filing:01/01/2018 . (OPTIONAI nust be specific and cannot be more than five business d
ICLE V: Effective date, if other the effective date is listed, the date is to or 90 calendar days after the d	nust be specific and cannot be more than five business d ate of filing.) neet the applicable statutory filing requirements, this date will not be list
ICLE V: Effective date, if other that effective date is listed, the date is to or 90 calendar days after the date in this block does not rent's effective date on the Department of SICLE VI: Other provisions, if any.	nust be specific and cannot be more than five business d ate of filing.) neet the applicable statutory filing requirements, this date will not be list
ICLE V: Effective date, if other that effective date is listed, the date is to or 90 calendar days after the difference of the date inserted in this block does not rent's effective date on the Department of SICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	nust be specific and cannot be more than five business date of filing.) neet the applicable statutory filing requirements, this date will not be list tate's records.
ICLE V: Effective date, if other that effective date is listed, the date is to or 90 calendar days after the difference of the date inserted in this block does not rent's effective date on the Department of SICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	nust be specific and cannot be more than five business d ate of filing.) neet the applicable statutory filing requirements, this date will not be list
ICLE V: Effective date, if other that effective date is listed, the date is to or 90 calendar days after the date in this block does not rent's effective date on the Department of SICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a metal triangular days after the date in this document is executed I am aware that any false in	nust be specific and cannot be more than five business date of filing.) neet the applicable statutory filing requirements, this date will not be list tate's records.
ICLE V: Effective date, if other that effective date is listed, the date is to or 90 calendar days after the date in this block does not rent's effective date on the Department of SICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a metal triangular days after the date in this document is executed I am aware that any false in	must be specific and cannot be more than five business date of filing.) neet the applicable statutory filing requirements, this date will not be list tate's records.  Therefore an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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

ARTICLE IV-