# L19000095 163

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
(Sodaniem Hamasi)
Continue Continue of Change
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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D O'KEEFE APR 11 2019

W19-29266



### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 25, 2019

JORGE PADRON ECHEMENDIA 4733 W WATERS AVE, APT 2037 TAMPA, FL 33614

SUBJECT: MAKEOVER D & J, LLC

Ref. Number: W19000029266

We have received your document for MAKEOVER D & J, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete 'Signature of Authorized Representative of Limited Liability Company' in the Articles of Conversion. A signature is required.

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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) 245-6052.

DANIEL L O'KEEFE Regulatory Specialist II

Letter Number: 119A00005859

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www.sunbiz.org

#### **COVER LETTER**

TO: New Filing S Division of C				
SUBJECT: MAKEO	VER D & J. LLC			
SUBJECT:	(Name of Re	sulting Florida Limited	ted Company)	
			ion, and fees are submitted to convert an "Otly" in accordance with s. 605.1045, F.S.	her
Please return all corr	espondence concernin	g this matter to:		
JORGE PADRON ECH	EMENDIA			
	(Contact Person)		-	
MAKEOVER D & J IN	С			
	(Firm/Company)		-	
4733 W WATERS AVE	E. APT 2037			
	(Address)		_	
TAMPA, FL, 33614			_	
(1)	City, State and Zip Code)			
jorgepadron0429@gmai			_	
E-mail Address: (to b	e used for future annual re	port notifications)		
For further informati	on concerning this ma	tter, please call:		
JORGE PADRON ECH	EMENDIA	at (813)	325-4760	
(Name of Conta	act Person)		(Daytime Telephone Number)	
	for the following amou a bank located in the		processed by this office must be payable in U	S
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing F and Certified Copy	y Fees Status Status Status Status	
STREET ADDRES New Filing Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 323	ions er Circle	New Fili Division P. O. Bo	ING ADDRESS: iling Section on of Corporations Box 6327 assee, FL 32314	

INHS11 (7/17)

#### **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:  MAKEOVER D & J INC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a CORPORATION  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
08/18/2017
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
MAKEOVER D & J. LLC
(Enter Name of Florida Limited Liability Company)
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 than 90 calendar days after the date this document is filed by the Florida Department of State.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
5. The plan of conversion has been approved in accordance with all applicable statutes.

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.

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IALL MASSEE FLOOR.

Signed this FIRST (1) day of MARCH	_ 20_19
Signature of Authorized Representative of Limi	ted Lubility Company:
Signature of Authorized Representative: Printed Name: JORGE PADRON ECHEMENDIA	Title: AMBR
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: June .  Printed Name: JORGE PADRON ECHEMENDIA	_ Title: VP
Signature:Printed Name:	Titles
Printed Name:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	Tids
Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or a If Directors or Officers have not been selected, an Inc.	
<u>If Florida General Partnership or Limited Liabili</u> Signature of one General Partner.	ty Partnership:
-	
If Florida Limited Partnership or Limited Liabilion Signatures of ALL General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
<u>Fees:</u>	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$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:			
MAKEOVER D & J. LLC (Must contain the words "Limited Liability	y Company, "	L.L.C.," or "LLC.")	
	, , ,		
ARTICLE II - Address: The mailing address and street address of the pr	incinal of	ice of the Limite	ed Liphility Company is:
The maning address and street address of the pr	шеграг оп	nee of the Ellina	ed Blacking Company is.
Principal Office Address:	Mailing	Address:	
4733 W WATERS AVE, APT, 2037	4733 W <sup>1</sup>	WATERS AVE, AF	PT. 2037
TAMPA, FL 33614	TAMPA,	FL 33614	
			<del></del>
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	l <b>Office, &amp;</b> lered Agent. Y	Registered Ag  ou must designate an	gent's Signature: individual or another
The name and the Florida street address of the r	egistered a	agent are:	
JORGE PADRON ECHEMEND	lΑ		
Name			
4733 W WATERS AVE. APT. 2	2037		
Florida street address (P.O		$\Gamma$ acceptable)	
TAMPA	FL	33614	
City		Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete paccept the obligations of my position were Registered Agent's Sign	n this certify I furth performance of the performan	icate, I hereby action of the composition of the co	ecept the appointment as ply with the provisions of all and I am familiar with and

ARTICLE IV-

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

<u>Title:</u>	Name and Address:				
"AMBR" = Authorized Member					
"MGR" = Manager AMBR	JORGE PADRON ECHEMENDIA 4733 W WATERS AVE. APT. 2037				
	TAMPA, FL 33614	<del></del>			
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(Use attachment if necessary)	<u>`</u> ≜≅	APR			
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omer a vicinity of	On the state of th	,			
RTICLE V: Other provisions, if any. /A	map %	_ <b>32</b>			
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	5,				

REQUIRED SIGNATURE

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 that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155. F.S.

JORGE PADRON ECHEMENDIA

Typed or printed name of signee

#### 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)