

107000119065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

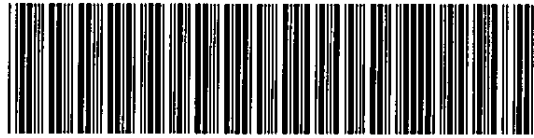
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W07-51736

Office Use Only



000110454990

10/17/07--01082--003 **150.00

FILED
07 NOV 28 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DB 11-28

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NUESTRARAZA LLC

(Name of Resulting Florida Limited Company)

The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.

Please return all correspondence concerning this matter to:

WILLIAM TONELLI

(Contact Person)

NUESTRARAZA LLC

(Firm/Company)

12335 NW 6 STREET

(Address)

MIAMI FL. 33182

(City, State and Zip Code)

For further information concerning this matter, please call:

WILLIAM TONELLI

(Name of Contact Person)

at (786) 4269169

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$150.00 Filing Fees

(\$25 for Conversion
& \$125 for Articles
of Organization)

☐ \$155.00 Filing Fees

and Certificate of
Status

☐ \$180.00 Filing Fees

and Certified Copy

☐ \$185.00 Filing Fees,

Certified Copy, and
Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 19, 2007

WILLIAM TONELLI
12335 NW 6 STREET
MIAMI, FL 33182

SUBJECT: NUESTRARAZA LLC
Ref. Number: W07000051736

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

You failed to make the correction(s) requested in our previous letter.

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Organization, if any.

The effective date cannot not be prior to 10/17/07, the date received by this office.

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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 607A00066468



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 18, 2007

WILLIAM TONELLI
12335 NW 6 STREET
MIAMI, FL 33182

SUBJECT: NUESTRARAZA LLC
Ref. Number: W07000051736

FILED
07 NOV 28 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for NUESTRARAZA 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):

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Organization, if any.

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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 007A00061415

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

This Certificate of Conversion **and attached Articles of Organization** are submitted to convert the following **"Other Business Entity"** into a **Florida Limited Liability Company** in accordance with s.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

NUESTRARAZA INC.

(Enter Name of Other Business Entity)

P06 000040325

2. The "Other Business Entity" is a CORPORATION.
(Enter entity type. Example: corporation, limited partnership, sole proprietorship, 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)

on 03/21/2006 ✓

(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:

N/A

4. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

NUESTRARAZA LLC

(Enter Name of Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

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 Organization, if an effective date is listed therein.)

Signed this 01 day of OCTOBER 2007.

Signature of Authorized Person: Elena Tonelli

Printed Name: ELENA TONELLI Title: PRESIDENT

Fees:

Certificate of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NUESTRARAZA LLC

(Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

12335 NW 6 STREET

MIAMI FL 33182

Mailing Address:

12335 NW 6 STREET

MIAMI FL 33182

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's

Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

WILLIAM TONELLI

12335 NW 6 Street

Florida street address (P.O. Box **NOT** acceptable)

MIAMI FL. 33182 FL

City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

William Tonelli
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

ELENA TONELLI

12335 NW 6 STREET

MIAMI FL. 33182

MGRM

ANA TONELLI

12335 NW 6 STREET

MIAMI FL 33182

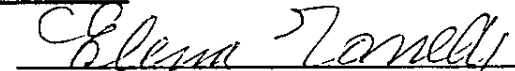
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____.

(OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(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.)

ELENA TONELLI

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)