L12000123555

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

Office Use Only



900239776159

FILING CANCELLED RETURNED CHECK

09/26/12--01009--009 **155.00

2012 SER 26 AN ID: 53

T. CLINE
SEP 2 7 2012
EXAMINER

COVER LETTER

** * * * *

TO:	Registration Division o	on Section f Corporations		*			
SUBJ	ECT:	Levy 1	Hospitally FNL of Resulting Florida Limite				
		(Name o	of Resulting Fl e rida Limite	d Company)			
			_	on, and fees are submitted pany" in accordance with			
Please	e return all co	orrespondence concerr	ning this matter to:				
		Jason Chou (Contact Person)] ·				
		evy Hospitaly (Firm/Company)		•			
	119 5	Sunwood Cf (Address)					
	_ ~ Kis	(City, State and Zip Code	34743. e)				
E-mail	Jch address: (to be	e used for future annual rep	ort notifications)		Z	2812	
For fu	rther inform	ation concerning this r	matter, please call:		CRET	2 SEP 26	Manual 73.7
	Jasor	n Chou	at (<u>954</u>	864-5717.		26	dimension of the same of the s
	(Name of Co	ontact Person)	(Area Code and	Daytime Telephone Number)			
Enclo	sed is a chec	k for the following am	ount:			3	بر و الأ الدين و الأ
\$25 fo & \$125	0 Filing Fees or Conversion 5 for Articles anization)	\$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	要中	<u>்</u> து	
STRE	ET ADDRI	ESS:	MAILING	G ADDRESS:			
Registration Section		Registration Section					
Division of Corporations		Division of Corporations					
Clifton Building 2661 Executive Center Circle		P. O. Box 6327 Tallahassee, FL 32314					
	executive Consistence (Consistence)		i attahasse	e, FL 32314			

Certificate of Conversion

For

FILING CANCELLED

RETURNED CHECK

"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:
(Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a (Enter entity type. Example: corporation, limited partnership, 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 June 6, 2012 . (Enter date "Other Business Entity" was first organized, formed or incorporated)
(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:
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Levy Nosatall, 110
Levy Hospitally, 2LC (Enter Name of Florida Limited Liability Company)
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.)
6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting the conversion.
7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is

currently organized, formed or incorporated.

) r	FILING CANCELLED
Signed this 24 day of Septen	mber 20 17.	RETURNED CHECK
Signature of Member or Authorized Rep Individual signing affirms that the facts sta constitutes a third degree felony as provide	ated in this document are true. ed for in s.817.155, F.S.	Any false information
Signature of Member or Authorized Repres Printed Name: Jason Choy	entative:	Ly
Signature(s) on behalf of Other Business E this document are true. Any false informat s.817.155, F.S. [See below for required sign	ion constitutes a third degree f	
Signature: Ohy. Printed Name: Ohson Chor	Title:	<u> </u>
Signature:Printed Name:	Title:	
Signature:Printed Name:		
Signature:Printed Name:		
Signature:Printed Name:		
Signature: Printed Name: If Florida Corporation:		26
If Florida Corporation: Signature of Chairman, Vice Chairman, Directors or Officers have not been selected		SACE SACE
If Florida General Partnership or Limited Signature of one General Partner.	Liability Partnership:	
If Florida Limited Partnership or Limited Signatures of ALL General Partners.	Liability Limited Partnership:	
All others: Signature of an authorized person.		
Fees:		
Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional) Page 2 of 2	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

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The name of the Limited Liability Company is:	RETURNED CHECK
Must end with the words "Limited Liability Company, the abbaviation of the company in the abbaviation of the company in the co	ion "L.L.C.," or the designation "LLC.")
ARTICLE II - Address: The mailing address and street address of the princi	pal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5233 NW 33rd Ave. Ft. Lawlendate, PL 33309.	5233 NW 33rd Ave. Ft. Lauderdale, FL 33809.
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	
The name and the Florida street address of the regis	,
Jason Na	· · · · · · · · · · · · · · · · · · ·
119 Sunwood Ct	55 P
Florida street address (P.6	D. Box NOT acceptable)
<u>Kisolmmee</u> City, Sta	FL 34743.
	am familiar with and accept the obligations of my

(CONTINUED)

Page 1 of 2

FILING CANCELLED RETURNED CHECK

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

	Name and Address:		
"MGR" = Manager "MGRM" = Managing Member			
mGRM	Jason B. CHOY 119 SUNWOOD CH KISSIMMEE, FL BUTY	<u>-</u> 3	
		SECULIA	Esse mily des
 		P. 26	5°.
(Use attachment if necessary)		# 50 Str	
ARTICLE V: Effective date, if other that	an the date of filing: (OPTIONAL)		
	to nor more than 90 days after the date this do 2 2) must be the same as the effective date liste		
REQUIRED SIGNATURE:			
Signature of a member of an	authorized representative of a member.		
the penalties of perjury that the facts state	Florida Statutes, the execution of this document constitutes ed herein are true. I am aware that any false information substitutes a third degree felony as provided for in s.817.155,	ubmitted in a	under
	or printed name of signee		

Page 2 of 2