# L13000024533

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	<del>= #)</del>
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



700241951447

700241951447 01/28/13--01031--029 \*\*\*300.00

2013 FEB I 4 PM 3: 43
SECRETARY OF STATE
ALLAPASSES FOR ORIGINA

FEB 1 5 2013 T CLINE

## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 30, 2013

LUISA MORALES 809 JAYHIL DRIVE MINNEOLA, FL 34715

SUBJECT: ESTRELLA HALO CHILD CARE LLC

Ref. Number: W13000005856

We have received your document for ESTRELLA HALO CHILD CARE LLC and your check(s) totaling \$300.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The converting Florida entity must be active on our records.

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.

On ther certificate of conversion on question 4 you need to list the name of the list not sun biz.,

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 513A00002329

2013 FEB 14 PM 3: LB

## **COVER LETTER**

Division of Corporations
SUBJECT: Estrella Halo Child Care (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:
Luisa Morales (Contact Person)  Estrella Halo Child Care (Firm/Company)  809 Jayhil Drive
(Address)  Minneola FL 34715  (City, State and Zip Code)  Estrella boopCa aol.com
For further information concerning this matter, please call:
(Name of Contact Person) at (352)321-5487 (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 Certified Copy Status  \$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: MAILING ADDRESS:

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

TO: Registration Section

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

# **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.

	he "Other Busines	s Entity" imm	ediately prior t	to the filing of	this Certificate	of	
Conversion is:	Estrella	Halo	Child	CAre	<u> 3</u> 813-	251	
	(E	nter Name of	Other Busine	ess Entity)			
2. The "Other B	usiness Entity" is a	B	siness				
	(Enter entity ty general par	pe. Example tnership, con	e: corporation amon law or b	ousiness trust,	etc.)		
first organized, for	ormed or incorpora	ated under the	laws of	florida_	Z S	2013 FEB 14	
١	(Enter state,	or if a non-U.	S. entity, the i	name of the co	untry)	<u> </u>	[]
0,10	1/3				No.		riya Piya
(Enter	date "Other Busi	iness Entity"	was first orga	nized, formed	or incorporati	ted)	[ ]
3. If the jurisdict	tion of the "Other I organized, formed or	Business Entit	y" was change		$\vec{r}$ $\omega$		rres Logo
Organization: ,	he Florida Limited	•			ched Articles	of	
	(Enter N	ame of Florid	a Limited Lia	bility Compar	ny)		
(The effective da	e on the date of fil	prior to nor	more than 90	days after the			
	ida Department or es of Organization				enective date	nsteu in th	e
	n is permitted by t lies with such law						n.

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is

currently organized, formed or incorporated.

Signed this 22 day of 1 Anuar	20 13	
Individual signing affirms that the facts sta constitutes a third degree felony as provide	presentative of Limited Liability Company ated in this document are true. Any false in ed for in s.817.155, F.S.	formation
Signature of Member or Authorized Repres	sentative: Juis Hours  S Title: President	<del></del>
this document are true. Any false informates.817.155, F.S.  See below for required sign		ovided for in
Printed Name: JOSe L. Morales	Title: <u>Vice President</u>	<del></del>
Signature:Printed Name:	Title:	<u> </u>
	Title:	
Signature:Printed Name:	Title:	AFAR)
Signature:	Title:	Yer STA
Signature:Printed Name:	Title:	- <b>18</b>
If Florida Corporation: Signature of Chairman, Vice Chairman, Directly Directors or Officers have not been selected.	ctor, or Officer.	
If Florida General Partnership or Limited Signature of one General Partner.	Liability Partnership:	
If Florida Limited Partnership or Limited Signatures of <u>ALL</u> 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 1 - Name:
The name of the Limited Liability Company is:
Estrella Hab Child Care 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: Mailing Address:
Gog Jayhil Drive 809 Jayhil Drive minneola, FL. 34715 minneola, FL. 34715
ARTICLE HI - Registered Agent, Registered Office, & Registered Agent's Signature: Standard 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:    Auch   Standard   S
Florida street addres's (P.O. Box <u>NOT</u> acceptable)
Minne ola El 34715

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title		<u>Name</u>	and Addr	ess:				
	BR" = Manager BRM" = Managing M	ember						
						<del></del>		
						***		
	***************************************						21	
							)  3FEB	e volenholes
						Awer Awer	± == ==	in section
								[]
	<del></del>					TATE ORIDE	PM 3: 43	. برپوه
						Sel-	<del></del>	
(Use	attachment if necess	ary)						
	EV: Effective date, if			(O	PTIONAL)  Ifter the date	_· this documen	t is file	d by
e Florid	a Department of Sta e of Conversion, if ar	te; <u>AND</u> 2) m	iust be the	e same as tl				
EOUIR	ED SIGNATURE:							
	Juic	. No	) >					
	Signature of a men	ber or an autho	rized repres	sentative of a	member.			
the p	cordance with section 60 enalties of perjury that the ment to the Department of	e facts stated here	ein are true. I	I am aware tha	at any false infor	mation submitted	mation l in a	under
	Luisa	MO Typed or pr	rales	>				
		Typed or pr	inted name	e of signee				

Page 2 of 2

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

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