L1366667668

(F	Requestor's Name)
(A	address)
(A	address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Ë	Business Entity Name)
([Occument Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:
	:

Office Use Only



400277207354

09/21/15--01032--014 **25.08



SEP 2 5 2015 3 SHIVERS

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	Cie	in Caba	llos LLC	
	•	Name of Florida	Limited Liability Company	y
	lity Con		ee(s) are submitted to c r Business Entity" in a	
Please return a	all corre	spondence concernin	g this matter to:	
Jean	Sch	artman		
		ancial Gri	oup	
1688	Mer	Firm/Company	ve Suite 5	704
Miam	i Be	Address Pach FL ty, State and Zip Code	33139	
Jean	50		algroup.com	n
		on concerning this ma		
Jean Name of C	Sc ontact Pe	harfman	at (<u>305</u>) <u>4</u> Area Code and Day	538 - 9297 vtime Telephone Number
Enclosed is a	check fo	or the following amor	unt:	
\$25.00 Filing	g Fee	□ \$30.00 Filing Fee and Certificate of Status	□\$55.00 Filing Fee and Certified Copy	☐ \$60.00 Filing Fee, Certified Copy, and Certificate of Status
Registration S Division of C Clifton Buildi 2661 Executive Tallahassee, I	Section orporati ing ve Cento	ons er Circle	MAILING A Registration Division of G P. O. Box 63 Tallahassee,	Section Corporations 327
CR2E106 (07/14	4)			

Articles of Conversion

For

Florida Limited Liability Company

Into

"Converted or Other Business Entity"

The Articles of Conversion is submitted to convert the following Florida Limited Liability Company into an "Other Business Entity" in accordance with s. 605.1045, Florida Statutes.

1. The name of the Florida Limited Liability Company converting into the "Other
Business Entity" is:
Cien Caballos LLC
Enter Name of Florida Limited Liability Company
2. The name of the "Converted or Other Business Entity" is:
Cien Caballos LLC
Enter Name of "Converted or Other Business Entity"
3. The "Converted or Other Business Entity" is a Limited Liability Compan (Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)
organized, formed or incorporated under the laws of Utah.
on
On
(Date of organization, formation or incorporation) and the formation document is attached (if applicable)
and the formation document is attached (if applicable).
4. The plan of conversion was approved by the converting Florida Limited Liability
Company in accordance with Chapter 605 F.S.
5. This conversion shall be effective in Florida on:
5. This conversion shall be effective in Florida on:
(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; <u>AND</u> 2) must be the same as the effective date of the conversion under the laws governing the "Other Business Entity.")
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.

	State may ser	and mailing addres			
Street Address:	150	South Crys	ital Lakes	Drive =	#69
Mailing Address:	St. G	South Crysteorge, L)T 847	'70 '	
7. The "Converted or appraisal rights the and 605.1061-605. Signed this/ 7	amount to wl	ess Entity" has agree hich such members	are entitled under s	ss. 605.1006	
Signature:	Must be sig	ned by a Member or Au	thorized Representativ	ve	
Printed Name: Ho	am Berg	man Title: C	Drganiz	er	
Fees: Filing Fee: Certified Copy Certificate of S		\$25.00 \$30.00 (Optional) \$5.00 (Optional)		15 SEP 2	
		Page 2 of 2		I PMI2:	e e e e e e e e e e e e e e e e e e e

6. If the "Converted or Other Business Entity" is an out-of-state entity not registered to transact business in Florida, the "Converted or Other Business Entity":

Division of Corporations Limited Liability Composition Non-Refundable Processing Fe Entity Name: Cien Caballos L	any Registratio set \$15.00		(نن۵	Date. Receipt Number Amount Paid: ty File Number	\$15.00 8850843-0	161	n. Maray - unbounded pri
For each	Yes button thu	t you mark the qu	estion will app	pear below for y	<u> </u>		
1). Do you want to Change the Bus	iness Purpose?	•			Yes	● No	
2). Do you want to Change the Reg	istered Agent o	or the Address of t	he Registered	l Agent?	(Yes	O No	
2). If Yes, who is the new Registere	d Agent, or the	e new Address of t	he Registered	Agent?			
Registered Agents Inc - Com							
The address must be listed if you be Address of the Registered Agent:	ave a non-com 31 Baxter Di	mercial registered rive, STE 100	ugent.is a C	ommercial	registered a	•	
City South Jordon	itab Street Addr	ess Required, PO Bi	axes can be list	ed after the Stice	i Address State UT	Zip <u>84</u>	095
3). Do you want to Change the Prin	icipal Address	of the Business Er	itity?		O Yes	● No	
4). Do you want to Add individuals	to the Business	s Entity?			Yes	● No	
							10-20-1
5). Do you want to Remove individu	uals from the B	Business Entity?			Ves	● No	14P12:17
6). Do you want to Change the Address of the Business Entity's Principal(s)?					Yes	● No	RCSU
Optional Inclusion of Ownership In s this a female owned business?	dorwation: Te	his information is t	not required.	<u></u>			
s this a minority owned business?	O Yes	O No 1	f yes, please s	pecify: Select	/Type the ra	ce of the o	wnerl
inder GRAMA (63-2-201), all registratio he business entity physical address rather	n information mi r than the residen	intained by the Divis	ion is classified is of any individ	as public record. ual affiliated with	For confidentiality the entity.	y purposes, you	may use
Under penalties of perjury and as an aut my knowledge and belief, true, correct a Manager Name/Title:	horized authorit		Α	ange(s), has been	examined by me		
ailing/Faxing Information: \\\	ellarogros: w		actus huni	Division's We	Date: 10	-EOFBOFAHOI	is:uiah



Department of Commerce Division of Corporations & Commercial Code

Application for Authority to Transact Business for a Foreign Limited Liability Company

	ne/Existence from the state of or					
Non-Refundable Proc	essing Fee: 🗾 Foreig	gn LLC \$70.00 🔲	Series LLC \$70.00		Tribal t	.LC \$70.00
I. Exact Name of Foreign	Limited Liability Company:	Cien Caballos LLC				
2. This limited liability cor	enpany of the state/country/t	ribal nation of Florida				
3. Data of formation/organ	nization in home state: 11 h	March 2013 4.	Duration: Perpetual		(Expe	cted Duration)
	se of the Registered Agent	(Individual or Business	Entity or Commercia	l Registered	Agent)?	:
National Registered						
	ted if you have a non-com		. What is a commerc	ial registere	d agent?	
	ed Agent: 1108 E. Sout	ress Required, PO Boxes ca	n ha listed after the Stre	et Address		
Chy.Midvale		·		ate UT	Zlp:840	047
6. Principal place of but		11 Street				
	Street Address City: Coral Sp	rinas	C+	ate:FL	Zip.330	76
7. The nature of the busins	less or purpose(s) to be cond:				20.	
	wpany shall use as its name i		lvenocunat venual Li	openy		
Cien Caballos LLC	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
The limited liability compar	ny shall use its name as eet for	th at the top of this form wal	see the name is not svalla	ble for use in	l/tah.)	
7. Clear indication of who	is managing the company is	required.				
10a. Is this foreign limit	ed liability company man	ager-managed? Y	es, No			
	name and business or resid					
-	ted tiability company men name and business or resid		es,No n member.			_
Position Name	Address			City	State	Zip
MANAGER: Jace N. Ha	rdy 12371 NW 51 Street (Coral Springs, FL 33076				_
MANAGER:						
					· · · · · ·	
WMDED.	rty 12371 NW 51 Street Core	1 Springs, FL 13076				
MEMBER: Jace N. Hard	dy 12371 NW 51 Street Cora	i Springs, FL 33076				
MEMBER: Jace N. Hard MEMBER: Please list additional ma	nagers/members (if any)	on an attachment				
MEMBER: Jace N. Hard MEMBER: Please list additional ma Juder pensities of perjury, I d		on an attachment r with management authority o				
MEMBER: Jace N. Hard MEMBER: Please list additional ma Juder pensities of perjury, I on his application for authority to	anagers/members (if any) declare sy) manager or member to transper business has been ex-	on an attachment r with management authority o amined by me and is, to the be		ief, true, corre		
MEMBER: Jace N. Hard MEMBER: Please list additional ma Under pensities of perjury. I dish application for authority is Authorized Signer Signature	anagers/members (if any) declare sy) manager or member to transper business has been ex	on an attachment r with management authority o amined by me and is, to the be Name	nt of my knowledge and bel Lettle: Jace N. Hardy M	ief, true, corre		
MEMBER: Jace N. Hard MEMBER: Please list additional mauder pensities of perjury. I data application for authority that Authorized Signer Signature 11. If a foreign entity is a recommendation of the second	anagera/members (if any) occlars as manager or member to transfer business has been ex-	on an attachment r with management suffority of amined by me and is, to the be Name of sust list the home state where	at of my knowledge and being Title; Jace N. Hardy M. a the entity is registered.	ief, true, corre		
MEMBER: Jace N. Hard MEMBER: Please list additional mauder pensities of perjury. I dishis application for authority is Authorized Signer Signature 11. If a foreign entity is a relative date the limited list Under GRAMA (63-2-201),	enagers/members (if any) declare asy manager or member to transfer business has been ex- t: member or manager, yet mu ability company intents to fi all registration information m	on an attachment r with management authority of amined by me and is, to the be- Name sust list the home state where irst transact business in Uta initialized by the Division is of	it of my knowledge and bel ht Title: Jace N. Hardy M is the entity is registered: h: 12/10/2013 classified as public record	ef, true, corre	et and comp	pietz,
MEMBER: jace N. Hard MEMBER: Please list additional mature pensities of perjury. I diship application for authority to Authorized Signer Signature 11. If a foreign entity is a second second like the limited list Under GRAMA (63-2-201), use the business entity physical members.	enagers/members (if any) occlars are manager or member to transper business has been ex- t: member or manager, yet mu ability company intents to fi	on an attachment r with management authority of amined by me and is, to the be- Name out list the home state where irst transact business in Uta salutained by the Division is of sidential or private address of	at of my knowledge and being Title; Jace N. Hardy M. In the entity is registered: In: 12/10/2013 Itsmiffed as public record If any individual affiliated	ef, true, corre	et and comp	pietz,
MEMBER: Jace N. Hard MEMBER: Please list additional ma Under pensities of perjury. I dish application for authority to Authorized Signer Signature 11. If a foreign entity is a self-time date the limited list Under GRAMA (63-2-201), use the business entity physical members.	anagera/members (if any) declare as manager or member to transfer business has been ex- in member or manager, yes mu- ability company intends to fi all registration information m ical address rather than the re- wnership information: T	on an attachment r with management authority of amined by me and is, to the be- Name out list the home state where irst transact business in Uta salutained by the Division is of sidential or private address of	at of my knowledge and being Title; Jace N. Hardy M. In the entity is registered: In: 12/10/2013 Itsmiffed as public record If any individual affiliated	ef, true, corre	et and comp	pietz,

This Carlifloste thereof.

Examine:

Kathy Berg Division Director

00.077 ::DIB9 muomA Receipt Number: 5402369

11-07-13P01:57 RCVI

State of Florida Department of State

I certify from the records of this office that CIEN CABALLOS LLC, is a limited liability company organized under the laws of the State of Florida, filed on March 11, 2013.

The document number of this company is L13000036689.

I further certify that said limited liability company has paid all fees due this office through December 31, 2013, and its status is active.

Given under my hand and the Great Seal of the State of Florida at Taliahassee, the Capital, this the Sixth day of November, 2013



Ken Differs
Secretary of State

Authentication ID: CU1154209413

To authenticate this certificate, visit the following site, enter this 1D, and then follow the instructions displayed.

https://efile.sunbiz.org/certauthver.html