

L14 000040007

P13-97617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

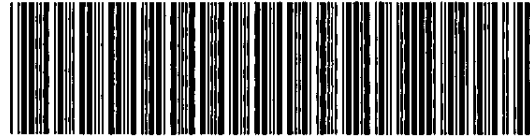
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/24/14--01031--001 **150.00

STATE OF FLORIDA
TALLAHASSEE, FLORIDA
MAR 7 PM 3:50

MAR 10 2014

7016
657



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 25, 2014

HANNA SRODA
15200 S TAMiami TRAIL 117
FT MYERS, FL 33908

SUBJECT: BLUE DIAMOND EVENT LLC
Ref. Number: W14000012193

We have received your document for BLUE DIAMOND EVENT 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):

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 filings its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

The effective date must be specific and cannot be prior to the date of filing.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 814A00004133

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLUE DIAMOND EVENT 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. 605.1045, F.S.

Please return all correspondence concerning this matter to:

HANNA SRODA

(Contact Person)

METRO BUSINESS AGENCY INC

(Firm/Company)

15200 S TAMiami TRAIL 117

(Address)

FORT MYERS, FL 33908

(City, State and Zip Code)

HANNA@METROINSURANCEFL.COM

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

HANNA SRODA

(Name of Contact Person)

at (239) 466-8600

(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

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.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
BLUE DIAMOND EVENT 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 FLORIDA
(Enter state, or if a non-U.S. entity, the name of the country)

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

BLUE DIAMOND EVENT LLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: _____
(The effective date: 1) cannot be prior to date of receipt or filed date 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.)

5. The plan of conversion has been approved in accordance with ss. 605.1041-605.1046.

14 MAR -7 PM 3:50
STATE
TALLAHASSEE
FLORIDA

Signed this 19th day of FEBRUARY 2014.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: Cindy Garcia

Printed Name: CINDY GARCIA

Title: MANAGER

Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: Cindy Garcia

Printed Name: CINDY GARCIA

Title: PRESIDENT

Signature: _____

Printed Name: _____

Title: _____

Signature: _____

Printed Name: _____

Title: _____

Signature: _____

Printed Name: _____

Title: _____

Signature: _____

Printed Name: _____

Title: _____

Signature: _____

Printed Name: _____

Title: _____

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized person.

Fees:

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

14 FEB - 7 PM 3:50
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BLUE DIAMOND EVENT LLC

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

ARTICLE II - Address:

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

Principal Office Address:

5214 SW 22ND AVE
CAPE CORAL FL 33914

Mailing Address:

5214 SW 22ND AVE
CAPE CORAL FL 33914

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:

CINDY GARCIA

Name

12948 TURTLE COVE TRAIL, NORTH FORT MYERS, FL, 33917

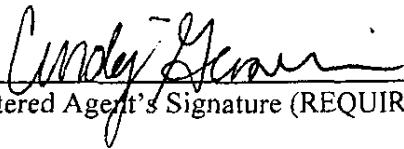
Florida street address (P.O. Box **NOT** acceptable)

FL

City

Zip

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 605, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
TALLAHASSEE, FLORIDA
14 APR -7 PM 3:50

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR MGR

Name and Address:

ANA GARCIA

5214 SW 22ND AVE

CAPE CORAL, FL 33914

AMBR MGR

CINDY GARCIA

12948 TURTLE COVE TRAIL

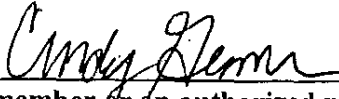
NORTH FORT MYERS, FL 33903

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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

(In accordance with section 605.0203 (1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

CINDY GARCIA

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)

FILED
OFFICE OF THE
CLERK OF THE
STATE OF FLORIDA
TALLAHASSEE, FLORIDA
JAN 10 2017
7 PM 3:50