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(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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B. BOSTICK
MAY 1 4 2014
EXAMINER

COVER LETTER

SUBJECT: MOSMOOTHIES LLC (Name of Resulting Florida Limited Company) The enclosed Articles 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: Fernando Orrego (Contact Person) WFP Law (Firm/Company) 101 North Pine Island Road, Suite 201 (Address) Plantation, Florida 33324 (City, State and Zip Code) forrego@wfplaw.com E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call: Fernando Orrego 944-2855 (Daytime Telephone Number) (Name of Contact Person) (Area Code) Enclosed is a check for the following amount: ■ \$150.00 Filing Fees □\$155.00 Filing Fees □\$180.00 Filing Fees □\$185.00 Filing Fees, Certified Copy, and (\$25 for Conversion and Certificate of and Certified Copy Certificate of Status & \$125 for Articles Status of Organization) **MAILING ADDRESS:** STREET ADDRESS: Registration Section Registration Section Division of Corporations **Division of Corporations** Clifton Building P. O. Box 6327

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

TO:

Registration Section
Division of Corporations

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

-141	OSMOOTHIES, CORP (Enter Name of Other Business Entity)	
2.	The "Other Business Entity" is a Corporation	P12-952
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust. etc.)	12 10
Fir	st organized, formed or incorporated under the laws of Florida	
on	01/03/2012 (Enter state, or if a non-U.S. entity, the na	ame of the country)
OII ,	(date of organization, formation or incorporation)	
3.	The name of the Florida Limited Liability Company as set forth in the attached Article	es of Organization:
M	OSMOOTHIES LLC	
	(Enter Name of Florida Limited Liability Company)	
(Ti dat	If not effective on the date of filing, enter the effective date: ne effective date: 1) cannot be prior to date of receipt or filed date nor more than see this document is filed by the Florida Department of State; AND 2) must be the see listed in the attached Articles of Organization, if an effective date is listed therein	ame as the effective
5. 1	The plan of conversion has been approved in accordance with ss. 605.1041-605.1046.	

Page 1 of 2

Signed this day of Afri	20
Signature of Authorized Representative of Limi	ted Ljability Company:
Signature of Authorized Representative: <u>Ma</u> Printed Name: <u>Mileidys Medrano</u>	Lu Vulleur Title: Manager
Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]
Signature:	
Printed Name: Omar Medrano	Title: President
Printed Name: Omar Medrano Signature: Malan Oleduna	
Printed Name: Millie Medrano	Title: Vice President
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of the Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:
•	
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy: Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)
Certificate of Status:	φο.ου (Optional)

Page 2 of 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
MOSMOOTHIES LLC (Must end with the words "Limited Liability	v Company "I C " or "I C ")	
ARTICLE II - Address: The mailing address and street address of the pri		ability Company is:
Principal Office Address:	Mailing Address:	
6555 Nova Drive	1464 SW 97 Way_	
Davie, Florida 33324	Davie, Florida 33324	
The name and the Florida street address of the re MILEIDYS M Name		
1464 SW 97 Way		
Florida street address (P.O.	Box NOT acceptable)	
Davie	FL 33324	
City	Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacity statutes relating to the proper and complete part accept the obligations of my position as regional complete.	this certificate, I hereby accept t ty. I further agree to comply wit erformance of my duties, and I o	the appointment as th the provisions of al. um familiar with and
Registered Agent's Signa	Ature (REOUIRED)	
	,	F > 2 F = 2
(CONTINU	J ED)	

Page 1 of 2

TH 10 4: 20

REQUIRED SIGNATURE: Signature of a member of a member of a magnetic section of the provision of the provisi	the date of filing:
REQUIRED SIGNATURE: Signature of a member	ber or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document enalties of perjury that the facts stated herein are true. submitted in a document to the Department of State envided for in s.817.155, F.S.)
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an effective date is listed, the date must or 90 days after the date of filing.) TICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memb	ber or an authorized representative of a member.
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an effective date is listed, the date mus	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days
TICLE V: Effective date, if other than t	the date of filing: (OPTIONAL)
(Use attachment if necessary)	
	1464 SW 97 Way, Davie, FL 33324
AMBR	Carlos Rodriguez
	1464 SW 97 Way, Davie, FL 33324
	Omar Medrano Living Trust
AMBR	Omar Medrano, as Trustee,
	1464 SW 97 Way, Davie, FL 33324
	Mileidys Medrano Living Trust
"MGR" = Manager AMBR	Mileidys Medrano, as Trustee,
"AMBR" = Authorized Member	
	Name and Address:
Title:	
Company: Title:	

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April 25, 2014

FERNANDO ORREGO WFP LAW 101 NORTH PINE ISLAND ROAD, SUITE 201 PLANTATION, FL 33324

SUBJECT: MOSMOOTHIES, CORP.

Ref. Number: P12000000952

We have received your document for MOSMOOTHIES, CORP. 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 filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 314A00008933