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(Re	equestor's Name)	
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(Cr	ty/State/Zip/Phoni	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Onl	٧



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2114 SEP -5 AM 9: 21

COVER LETTER

TO: Registration Sec Division of Cor	ction porations				
SUBJECT:	iger's L	OVa PC+ I	Carcoming.	,LLC	
			nd fees are submitted to accordance with s, 605.1		'Other
Please return all corresp	ondence concernin	ng this matter to:			
Lisney JV	CLY QAS (Contact Person)				30年
	(Firm/Company)	· · · · · · · · · · · · · · · · · · ·			-0 ·
8104 SW	23 °C1 S-	<u> </u>			翻究
North Laud	erchie Fi v, State and Zip Code)	_ 33068		مسر و عني	39
E-mail Address: (to be us	Sed for future annual re	port notifications)			
For further information	concerning this ma	etter, please call:			
Lisney Var (Name of Contact F			96 - 3409 rtime Telephone Number)	, ~ ~	
Enclosed is a check for	the following amou	int:			
(\$25 for Conversion and	15 155.00 Filing Fees ad Certificate of tatus	D\$180.00 Filing Fees and Certified Copy	M\$185.00 Filing Fees, Certified Copy, and Certificate of Status		
STREET ADDRESS: Registration Section Division of Corporation Clifton Building 2661 Executive Center (Tallahassee, FL 32301		MAILING A Registration S Division of C P. O. Box 632 Tallahassee, I	Section Corporations 27		

INHS11 (02/14)

Articles of Conversion For "Other Business Entity"

Into

The second of the second of Florida Limited Liability Company

2814 SEP -5 AM 9: 39

The Articles 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

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation limited partnership, (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Cingcr's Lova Ret Caroning, 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 all applicable statutes.

Page 1 of 2

Signed this 5 day of SCO	20 14	**************************************
Signature of Authorized Representative of Limit	ed Liability Company: 25/4 SE	P-5 AM 9x 39
Signature of Authorized Representative: January Printed Name: 1 151-41 Vargas	2 Å	
Signature(s) on behalf of Other Business Entity: [
Signature: Jususu		,
Printed Name Lisrry) Varg	asitie: President	
Signature:		
Signature:	Title: Vice President	
·		
Signature:Printed Name:	Title:	•
21111100 1 1011101		• • •
Signature:	W.1	
Printed Name:	_ Title:	,
Signature:	***************************************	
Printed Name:	Title:	
Cimpatrus		
Signature: Printed Name:		•
1.1		•
If Florida Corporation:	- A	
Signature of Chairman, Vice Chairman, Director, or C If Directors or Officers have not been selected, an Inc	Jilicer.	
II Differors at Officers fighte that agent servered my me	orporator must organ	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:	
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:	
All others: Signature of an authorized person.	·	
Fees:		
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compan	y îs:	2814 SEP -5 AM 9: 39
Ginger'S Lova T Must end with the words "Limited	C+ COMINA Liability Company, "L.L.C.," or "LU.")	LC Still Wall
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited I	Liability Company is:
Principal Office Address:	Mailing Address:	•
58 indian Trace Weston FL 33826	8104 SW 3 St North L FL 33068	zard auderdale
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)		
The name and the Florida street address of	the registered agent are:	
<u>lishey</u>	J Vargas	
Florida street address	P.O. Box NOT acceptable)	
North Lauderda City	Ne FL 33068 Zip	
(CON	ed in this certificate, I hereby accept apacity. I further agree to comply we lete performance of my duties, and its registered agent as provided for its Signature (REQUIRED)	ot the appointment as with the provisions of all I am familiar with and
Pag	e1 of2	

ADTICLE IN	
ARTICLE IV-	authorized to manage and control the Limited Liability
	additionized to manage and control the Emirica Clausing
Company:	authorized to manage and control the Limited Liability
Tido.	Name and Address
Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Lieury V. Marrayo
- 10D	Lisney J Vargas
	$r_0u sw 23rd 5+$
	North Lauderdale 33068
1 N NA R Ch	
THIS KIN .~	lomaca lopez
ť	100 Lanevicus Dr. Un+212
	Weston FL 33026
·	
	•
(Use attachment if necessary)	
	e date of filing: (OPTIONAL)
	be specific and cannot be more than five business days pri
to or 90 days after the date of filing.)	
ARTICLE VI: Other provisions, if any.	
	- Water to the second s
<i>l</i>	
REQUIRED SIGNATURE	\wedge
	20/)
- talli	
Signature of a membe	r or an authorized representative of a member.
(In accordance with section 805,0203 ()	l) (b), Florida Statutes, the execution of this document the facts stated herein are true.
constitutes an affirmation under the pen-	thes of perjury that the facts stated herein are true.
I am aware that any false information su	bmitted in a document to the Department of State
constitutes a third degree felony as provi	ided for in s.817.155, F.S.)
1000	1 Islandon
Lisne	ped or printed name of signee
TVI	ogg 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)